



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

A MANUAL
FOR
HOSPITAL NURSES

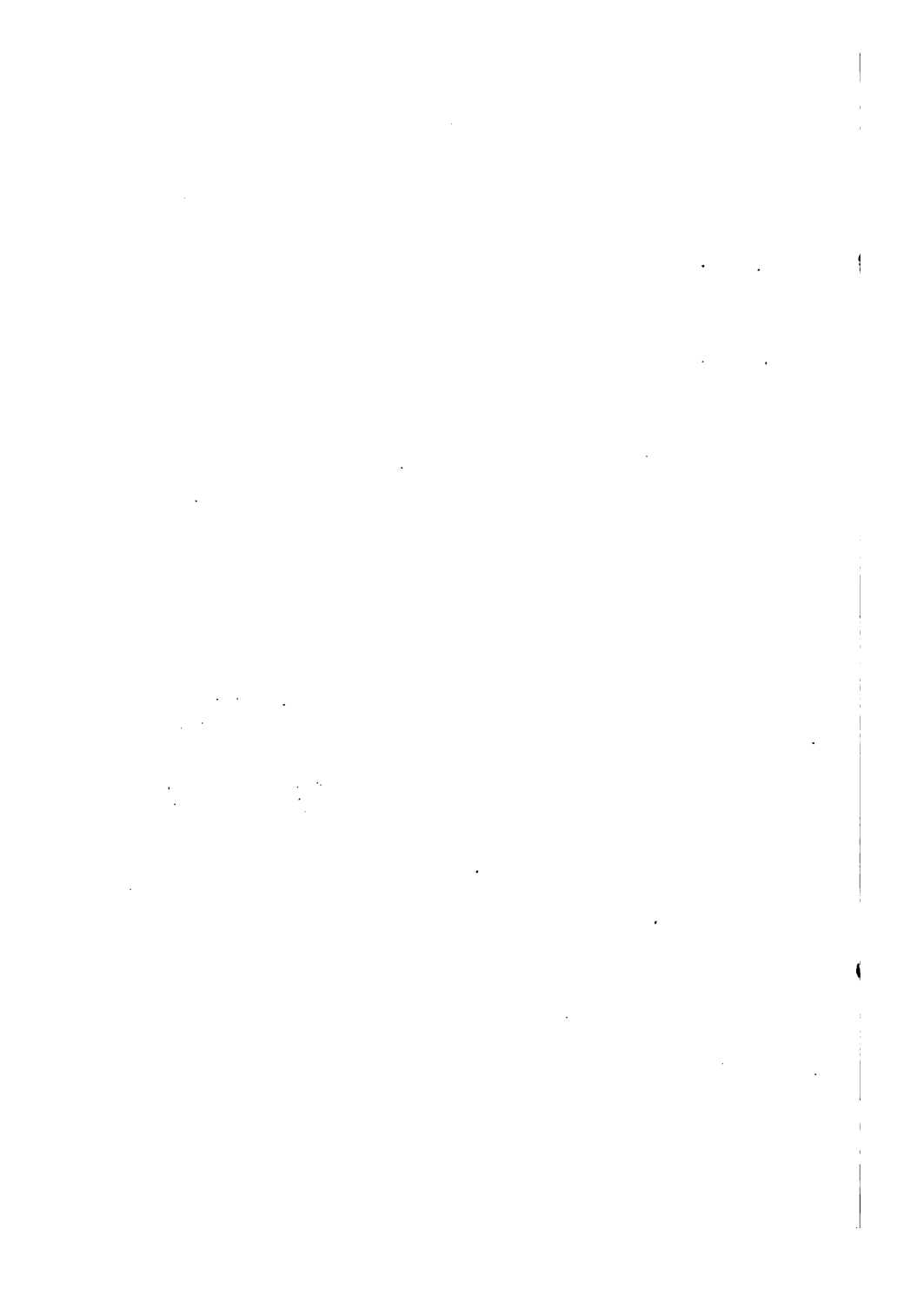
EDWARD J. DOMVILLE

SECOND EDITION

Price 2s. 6d.



A MANUAL
FOR
HOSPITAL NURSES



A MANUAL
FOR
HOSPITAL NURSES

AND
OTHERS ENGAGED IN ATTENDING ON THE SICK

BY
EDWARD J. DOMVILLE
L.R.C.P. LOND., M.R.C.S. ENG.

SECOND EDITION



LONDON
J. & A. CHURCHILL, NEW BURLINGTON STREET
1875

151. o. 321.

LONDON:
SAVILL, EDWARDS AND CO., PRINTERS, CHANCERY STREET,
COVENT GARDEN.

CONTENTS.

PART I. THE NURSE'S DUTIES AS REGARDS HERSELF .	PAGE 1
PART II. THE NURSE'S DUTIES TOWARDS HER SUPERIORS	3
PART III. THE NURSE'S DUTIES TOWARDS HER FELLOW- NURSES AND SERVANTS	6
PART IV. THE NURSE'S DUTIES TOWARDS HER PATIENTS	7

SECTION I.—ORDINARY CASES.

VENTILATION	7
THE MANAGEMENT OF THE FIRE-PLACE	8
BED-MAKING	9
WASHING PATIENTS	10
DRESSING PATIENTS	12
FEEDING PATIENTS	12
THE DRESSING OF WOUNDS.	13
THE ADMINISTRATION OF MEDICINE	15
SUPPOSITORIES	17
ADMINISTRATION OF ENEMATA	17
APPLICATION OF LEECHES.	18
CUPPING	19
BLISTERS	20
FOMENTATIONS	21

	PAGE
TREATMENT OF BED-SORES	22
NIGHT STOOLS, BED PANS, ETC.	23
LAYING-OUT OF THE DEAD AND PREPARATION FOR POST- MORTEM EXAMINATION.	24

SECTION II.—EXTRAORDINARY CASES.

DIVISION I.—*Accidents and Emergencies.*

PREPARATION OF THE BED	25
UNDRESSING THE PATIENT	26
FRACTURES	29
DISLOCATIONS	30
HÆMORRHAGE	30
INSENSIBLE PATIENTS	33
DELIRIOUS PATIENTS	34
FAINTNESS	34

DIVISION II.—*Operations.*

AMPUTATION	36
EXCISIONS AND RESECTION OF JOINTS.	37
HERNIA	37
LITHOTOMY	38
LITHOTRITY	39
OVARIOTOMY	39
TAPPING	41

DIVISION III.—*Treatment of Special Cases.*

HYSTERIA	41
--------------------	----

Contents.

vii

	PAGE
EPILEPSY	41
PARALYSIS	43
FEVERS	44

APPENDIX.

PREPARATION OF REMEDIES.

BANDAGES	45
LOTIONS	47
LINIMENTS	47
ENEMATA	48
FOMENTATIONS	50
POULTICES	50
BATHS	52

SICK-ROOM COOKERY:—

BEEF-TEA	54
MUTTON BROTH	54
CHICKEN BROTH	54
CHICKEN PANADA	54
PORT WINE JELLY	55
CALVES' FOOT JELLY	55
BREAD JELLY	55
SIX WAYS OF COOKING AN EGG.	56
BRANDY MIXTURE	57
WHITE WINE WHEY	57
TREACLE POSSET	57
GRUEL	57

	PAGE
ARROWROOT	57
SAGO	58
CUSTARD PUDDING	58
LIGHT BATTER PUDDING	58
RICE BLANCMANGE	58
CORN-FLOUR PUDDING	58
LEMONADE	58
IMPERIAL DRINK	59
BARLEY WATER	59
TOAST WATER	59
LINSEED TEA	59
TIMES FOR ADMINISTERING MEDICINE, ETC.	60
WEIGHTS AND MEASURES	61
GLOSSARY	62

136

A M A N U A L
FOR
HOSPITAL NURSES

In order to define accurately the duties and the responsibilities of a nurse, we must consider them separately, as they concern her, in relation with four persons, or sets of persons.

1. Herself.
 2. Her Superiors.
 3. Her Fellow-Servants or Nurses.
 4. The Patients entrusted to her care.
-

PART I.

**THE NURSE'S DUTIES AS REGARDS
HERSELF.**

She should be always neatly and quietly dressed; where a special dress is adopted for the nurses it is not very easy to be otherwise than quietly dressed, but it should be remembered that even off-duty, gaudy ribbons and showy feathers do not become

2 *The Nurse's Duties as regards Herself.*

those, who only wear their finery occasionally, any more than they do those, who have an opportunity of doing so every day.

Ornaments of every kind should be avoided, but when *absolutely necessary*, should be of as simple a character as is possible.

A small well-stocked pincushion, and a pair of scissors suspended from the waist-belt of the apron are seldom in the way, and always useful.

Aprons, cuffs, collars, and caps should be changed frequently; an extra half-hour every day would be ample time to get ready sufficient clean linen to repair the damage of the day, and would be but a small price to pay for the advantage of being always neatly dressed.

Dresses made too long or too much extended by crinoline are not only in the way, but also dangerous. High-heeled boots cannot but be noisy, and this should be reason sufficient to exclude them from a sick-room.

A nurse should always have clean hands, taking especial care to cleanse them thoroughly after dressing any wound; and while carefully avoiding to waste too much time in adjusting and readjusting her dress, should always endeavour, in her own person, to set before her patients an example of neatness and cleanliness.

A nurse should always be up in time to have some breakfast before beginning her regular work; a want

of food at this time often lays the foundation of a headache or disinclination for work during the rest of the day, which is seldom traced to the true cause.

A night nurse should, if possible, be able to knit, crochet, or to do other noiseless work which does not require light, and which may serve as an agreeable safeguard against somnolency.

PART II.

THE NURSE'S DUTIES TOWARDS HER SUPERIORS.

These may be summed up in a very few words, if a nurse will only bear in mind the position in which she is placed.

A nurse's responsibilities are undoubtedly very great; since she is entrusted with so many duties, in themselves apparently slight, but, taken together, of vital importance; nevertheless she should always remember that she is acting under the orders of her superiors, who are alone responsible for the *results* of their orders, when *properly* carried out; and she should never presume to make any alteration whatever in the treatment of her cases or the arrangement of her ward without first of all ascertaining, if possible, the wishes of the responsible person and obtaining the necessary permission.

4 *The Nurse's Duties towards her Superiors.*

It is scarcely necessary to insist that the personal conduct of a nurse towards her superiors should always be above reproach; incivility, rudeness, or sulkiness under merited correction can never raise the character of the offender, while any presumptuous attempts at undue familiarity sooner or later must meet with the contempt they deserve and lead to unpleasant consequences.

In any case, whatever a nurse may think either of the management of her cases or of the personal treatment she receives, she should never say, or do, anything which would be likely to lessen the influence of her superiors upon those who are under her care; if there is no reasonable hope of her just grievances being redressed, which does not often happen, she had far better seek elsewhere for suitable employment than remain a constant source of unhappiness to all with whom she comes in contact.

There are many points on which an intelligent nurse is able to render most material assistance to the medical attendant by giving him the necessary information, since she has, for obvious reasons, a better opportunity of obtaining from her patients correct answers to her inquiries than he can have.

Especial care must be taken as to the manner of making these inquiries and as to their nature. They should on no account be made merely to gratify the curiosity of a nurse or to furnish subject matter for gossip in the ward, nor should the patient be unne-

cessarily worried by them ; but, on the other hand, the patients should be encouraged to take the nurse into their confidence, and to tell her anything that they think may help to render their cases more easily understood, and so more likely to be successfully treated by their medical attendant.

The following are some of the points on which information is often required :—

Points for Observation or Inquiry.

1. Previous History of the Patient.—Occupation, residence, married or single, habits, sober or not, previous illness, health of other members of family and if any of them be dead—supposed cause of death.

2. Present Appearance.—Notice as opportunities occur, whether there be any (partial or general) eruption on the skin, whether the legs, feet, or bowels be swollen, or whether there be any unnatural swelling or tumour in the groins, upper part of thigh, or elsewhere, such as is likely to be caused by a rupture, aneurism, &c.

3. Action of the Bowels.—Whether regular, confined, relaxed, or painful ; whether the motions be watery, coloured, or containing blood ; whether any gallstones, or worms (thread, round, or segments of tapeworm), be passed.

4. Urine.—*Quantity*, under or over two pints ; *colour*, light, dark ; *consistency*, thick or clear ; *sediments*, gravel, pus, &c. ; *smell*, normal or offensive ;

6 *The Nurse's Duties towards her Fellow-Nurses.*

frequency of micturition by day and night ; *painful* or not.

5. **Appetite.**—Good, failing, or voracious.

6. **Sleep.**—By day and night.

7. **Effects of Medicine.**

In the case of Female Patients.

8. **Menstruation.**—Frequency, duration, if painful, character of discharge, profuse, or scanty ; are there any other discharges from the womb, if so, what is their character.

9. **Number of Children.**—Ages of eldest and youngest, any miscarriages, or stillbirths, state of breasts, swollen, painful, &c., and if pregnant.

PART III.

THE NURSE'S DUTIES TOWARDS HER FELLOW-NURSES AND SERVANTS.

Never carry about needless stories of complaints concerning your fellow-nurses.

Be always ready to assist, as far as the rules of the establishment may permit you, any nurses who may, from illness or other cause, be in need of extra help.

Do not interfere in the charge of another nurse unless specially requested by her, or ordered by your superiors to do so.

PART IV.
THE NURSE'S DUTIES TOWARDS HER
PATIENTS.

SECTION I.—ORDINARY CASES.

Ventilation.

With every inspiration we require to take in with the air a certain amount of the gas called oxygen, and with every expiration to get rid of a certain quantity of that called carbonic acid, in order that the purity of the blood may be maintained.

If the atmosphere in which we live were limited, and not acted on by any other agents than ourselves, a time would come when there would be no more oxygen left, and when the air would contain a poisonous amount of carbonic acid, the result being that we should die, just as a candle would go out for want of oxygen when placed under an inverted glass. There are, however, of course, different stages of this gradual poisoning, which, although not actually causing death, are productive of serious injury and disease, and it therefore becomes the duty of every nurse to see that a constant supply of fresh air is always provided for her patients, taking care that there are no draughts and that the ward is not made unnecessarily cold.

The principal agents for ventilating a room are the windows, the door, the chimney, and any special apparatus that may be provided for the purpose.

8 *The Nurse's Duties towards her Patients.*

The Windows can, in most cases, be always kept open to the extent of an inch at the top, and it is no substitute for this to throw open the whole of the windows for an hour in the morning and set the whole ward sneezing and complaining of the cold.

The Door is being constantly opened during the day, and is therefore a valuable source of fresh air during that time, but it should not be left open at the same time as the windows, and never longer than is absolutely necessary.

The Chimney.—When there is a fire in the grate the chimney is the best possible ventilator, for as the current of warm air is constantly ascending the chimney, a fresh supply of air is constantly being drawn in to supply its place.

There is only one word to be said regarding special ventilators, and that is, *Use them*. Over and over again in railway carriages, in wards, and in private houses, you may see these safety-valves of health blocked up with paper or rags, and every possible attempt made to render them useless. The nurse should take care that nothing of this sort is done, and remember that while pure air is often the most effective restorer of health, so the want of it is the cause of half the diseases in the world.

The Management of the Fireplace.

Here, perhaps, it is not out of place to say a few words concerning the management of the fireplace.

An even temperature should, as far as possible, be maintained, and for this purpose it is safer to watch the thermometer than to be guided by mere sensation. Sixty degrees of Fahrenheit will be found most suitable.

The fire should never be let too low, and opportunity should be taken, when there is only one patient, of the moments of wakefulness, and if the sleep continues sound, small separate knobs of coal should be placed on the fire, and all unnecessary poking and raking of the grate avoided; for any slight re-arrangement of the embers a small stick does equally well as a poker and is less noisy.

Bed-making.

In the case of fractured limbs, the arrangement of the bed is of the utmost importance, but in all cases the comfort of a patient largely depends on the attention that is paid to this point.

A well-stuffed hair mattress, about six inches thick, is the best for the majority of cases, and it is not a bad plan to protect the mattress from being rubbed by the iron on which it rests by placing a piece of old sheeting beneath it; and at the same time, if the case is likely to be a long one, a piece of macintosh about one yard square will be found useful in protecting the mattress from being soiled by the perspiration of the patient.

The greatest attention should be paid, in order to keep the under sheet on which the patient lies, smooth

10 *The Nurse's Duties towards her Patients.*

and free from crumbs or other irritating particles, as there is nothing more wearying to the patient or more likely to give rise to troublesome sores than wrinkles in the sheet or the neglected crumbs of several meals.

A nurse should endeavour to provide each patient with bed-covering adapted for the season of the year. There is nothing that gives such an air of untidiness to a ward at night as the appearance of portions of the patient's wearing apparel heaped on the bed in winter, or the ground strewn with the encumbering blankets in the summer.

Each patient's bed should be tidied and put straight every day, and in ordinary cases the bedclothes should at the same time be stripped off and allowed the benefit of a free access of air; but where the patient's ailment renders this undesirable, it should be done as often as possible consistently with the welfare of the patient.

It is a great comfort to a patient, when it is possible, for the mattress to be changed once or twice a week; there are few cases which cannot be moved; and a little management will generally allow a nurse to have one bed available for the purpose.

Washing Patients.

A nurse should make a point of seeing that all her patients have their faces and hands washed every morning, their feet at least twice a week, and that in addition each patient if possible, have a warm bath at least once a week.

Many patients are able to do this for themselves ; but in every case it should be the nurse's duty to take care that it is done efficiently, as there is little hope of progress in a case, where disease is assisted by the presence of dirt.

On the admission of any new case, the nurse should inquire of the surgeon as to the propriety of the patient being put into a warm bath ; and if this be not thought advisable, she should carefully cleanse the patient as thoroughly as she can without doing positive injury.

This is often the most unpleasant part of a nurse's work, but nothing should induce her to shrink from doing it, as the after comfort, and indeed in many cases the actual recovery of the patient may be in a great measure due to the care and attention of the nurse in this respect.

With reference to lice, more can be done by patience and soap and water than is generally allowed. Any medical man will give a prescription for a suitable ointment, to be used under his direction ; these preparations containing, as most of them do, powerful drugs, should never be used thoughtlessly, as they are liable, if used in excess, to produce serious injury, and may even cause death if the patient be young or weakly ; if all other simpler means are ineffectual, permission to have the head shaved should be obtained.

Slops of every kind should be carried out of the ward and thrown away as soon as possible, and should

12 *The Nurse's Duties towards her Patients.*

on no account be allowed to remain in the ward longer than is absolutely necessary.

Dressing Patients.

The body linen of bed-lying patients should be changed at least once a week, and if possible more frequently.

This changing requires some little care on the part of the nurse, and especial attention should be paid to the following points:—

1. Never begin to change until you have *all* you are likely to require *ready*.
2. Be careful that there is no draught on the patient from some open door or window.
3. Let the fresh linen be properly aired and warmed beforehand.
4. Do not move or uncover the patient more than is absolutely necessary.
5. Do not let the patients help too much, and, on the other hand, take care that they (male patients especially) do such things as they can and ought to do for themselves.

Feeding Patients.

This is generally allowed to be the special province of a nurse, and in many cases the recovery of a patient from a dangerous illness is due to the steady regularity with which the nurse has attended to each turn of a capricious appetite, and administered food in the form most palatable at the moment. *Ordi-*

narily, the nurse should see that her patients have what is ordered for them by their medical attendant, and that they do not make themselves ill with unsuitable food, introduced in ill-judged kindness by mistaken friends.

It is worth remembering that in many cases where it seems impossible for a patient to take in a moderate quantity of food without vomiting, he can often take in very small quantities at frequent intervals without any unpleasant symptoms.

When the patient is taking wine, beef-tea, or other extras, the day nurse should take care that some is put by for the night, as the most urgent need for its use may arise during that time.

The Dressing of Wounds.

Wounds should never be uncovered for the purpose of being dressed until everything that is likely to be required during the process is close at hand.

Old dressings that have become *adherent* to the surface of a wound should *never be pulled off sharply*, but should be previously loosened by bathing with warm water or by the application of a bread poultice.

Discharges should be cleaned away from the edges of a wound, and from the surrounding parts, but the surface of the wound itself should be left undisturbed.

Cotton-wool or tow soaked in water should be used for this rather than sponges, which are liable to

14 *The Nurse's Duties towards her Patients.*

carry infection from one patient to another unless very carefully cleansed after use.

There is a small apparatus sold which is very useful in dressing wounds. It consists of two india-rubber tubes, each about 12 inches long, connected together by a hollow ball of the same material. The end of one tube should be placed in a bottle or basin containing the lotion ordered, and the point of the other tube, which is fitted with a rose top, should be directed towards the wound; then, by alternately making and relaxing pressure on the central ball, a continuous flow of the liquid may be kept up. The discharges are thus easily got rid of, and no part of the instrument need come in actual contact with the patient. The fluid which has traversed the affected part should be received in a basin previously placed in a convenient position.

Nurses should be careful not to touch their eyes with their fingers while engaged in dressing a wound, as in some cases (in venereal cases especially) loss of eyesight, or other serious injury, may be caused by the irritation set up by the presence of a drop of matter on the surface of the eye. This caution also applies with regard to the use of towels soiled with discharges, for wiping the eyes.

The following list comprises nearly everything that is likely to be required in the dressing of wounds:—

A pair of forceps, scissors, pins, lint, cotton-wool, tow, bandages, sticking-plaster, one or two sponges,

some soft rag, a clean half-sheet, warm water, hot water in a tin for heating the plaster, a dust-pan for the soiled dressings, simple dressing, or a saucer containing the special ointment or lotion for application to the wound.

Small shallow tins of various shapes are very useful to receive any discharges or overflowing lotions.

N.B.—In the case of a patient who is extensively burnt over a large surface of the body, the nurse should be careful not to expose the *whole* to the air when dressing it, but should dress it in small portions successively.

Irrigation is sometimes applied to wounds, especially injuries to joints; when no special apparatus is provided, a bottle or can containing the iced water or lotion prescribed should be suspended from the canopy over the bed, or from a cradle placed over the limb, a few threads of lamp wick or thick worsted, long enough to reach to the bottom and hang out over the edge, should be placed in the vessel containing the lotion, and the joint covered with a piece of linen, the ends of which may serve to conduct the lotion after it has served its purpose of cooling the limb, to a pail or other receptacle conveniently placed to receive it.

The Administration of Medicine.

Medicines should be given at regular hours, and careful attention should be paid to the direction as to

16 *The Nurse's Duties towards her Patients.*

the time when they are ordered to be given—before or after meals.

The *exact* quantity of medicine ordered should be measured from a regulated glass, as even a slight error may cause serious illness if often repeated.

The glass from which medicine has been given to one patient, should always be cleansed before being used for another.

It is a good plan to keep a separate measure for oily or strong-smelling medicines, such as castor-oil, cod-liver oil, valerian, or assafoetida, since it is not easy to get rid of the smell at a moment's notice.

Powders are conveniently given, either mixed with a little water or milk, or made into a paste with jam, honey, or treacle.

If a patient be unable to take pills, they should be mashed up in a little jam, and washed down; but if, when administered by the nurse, they are placed well back in the throat, the patient is almost certainly compelled to swallow them.

When a patient absolutely refuses to take medicine, the nurse is obliged to administer it by force. In that case, she should close the nostrils of the patient with one hand, and when the mouth is opened, should pour the medicine well back in the throat with the other.

This, however, is a proceeding which is very seldom necessary, and which may generally be taken as a

sign that either firmness or kindness of manner is wanting on the part of the nurse.

If medicine appear to the nurse to be producing any very marked symptoms in a patient, such as vomiting, diarrhœa, pain in the stomach, headache, drowsiness, convulsive movements of the muscles, running at the eyes, nose, or mouth, she should at once inform the medical attendant or his deputy.

Suppositories.

Suppositories are generally used for one of two purposes, either as astringents or to relieve pain.

If the patient be unable to apply the remedy himself, the nurse must do as follows :—

The patient should lie on his left side, with his knees drawn up ; and the nurse, standing behind him, should pass her right hand under the clothes, and telling the patient to make an effort to bear down, she should at the same moment introduce the suppository inside the anus.

Administration of Enemata.

Enemata are used for very many purposes, and may be either purgative, sedative, stimulant, or nourishing ; formulæ for their preparation are given at page 48. The method of administration is as follows :—The patient should lie on his left side close to the edge of the bed, with his knees drawn up, the basin containing the substance to be injected being placed on a chair or stool by the side of the bed ; the nurse

18 *The Nurse's Duties towards her Patients.*

then, standing behind the patient, should pass the tube of the syringe (previously well oiled and softened, if necessary, by immersion in hot water) for about four or five inches along the rectum, in a direction first backwards and then a little forwards, but on no account whatever is any *force* to be used in order to overcome any obstruction that may exist.

The injection should be done slowly, with a moderate amount of pressure, and should be stopped at once if the patient asserts that he cannot bear any more.

For nutrient enemata from four to six ounces at a time is sufficient; for cleansing purposes from one to two pints may be used.

Application of Leeches.

Leeches are applied for the purpose of removing a small quantity of blood from any locality in which it is inconvenient to use any other means of blood-letting, as over an inflamed knee-joint, on the scalp, &c., but they never should be applied immediately over a large vein for fear of inflammation or troublesome bleeding. To apply them it is simply necessary to lay them on the part ordered, previously washed clean, or hold them there under a pill-box or small glass, until they bite, and let them remain on until they fall off gorged with blood; the bites should then be fomented with hot moist flannels, or spongio-piline if an increased flow of blood is desired. The quantity of blood obtained from one leech is generally less

than a teaspoonful, but this may be increased to a tablespoonful, by the use of warm fomentations.

If the leeches be disinclined to bite, the part may be previously moistened with a little milk or sugar and water.

The bleeding from a leech bite, if excessive, may generally be stopped by the pressure of the finger ; but if this be unsuccessful, it is better to acquaint the surgeon.

Leeches that have been once applied are seldom of any further use ; but if it is considered desirable to try, the leeches should be placed in a plate with a little salt and water, and when they have relieved themselves of the greater part of the blood which they have swallowed, they should be placed in a jar of clean water by themselves, but should not be returned to the company of those that are fresh.

It is sometimes necessary to apply leeches to the lips of the womb ; but as this requires that the part should be previously scarified, and that a speculum should be made use of, it is desirable that some qualified person should superintend the operation.

Cupping.

Cupping is of two kinds, dry cupping and wet cupping. The following articles are used in both operations, with the addition of an instrument for scarifying in the case of wet cupping :—Four or five small glasses specially made for this purpose, or if

20 *The Nurse's Duties towards her Patients.*

these are not at hand, common tumblers may be used, some blotting-paper or cotton wool, a little spirits of wine in a saucer, a lighted candle.

The first portion of the operation is the same in both cases.

The glasses should be previously warmed, and some pieces of blotting-paper about two inches square be set to soak in the spirits of wine. Then taking a glass in the right hand, the nurse should light a piece of the blotting-paper, saturated with spirits of wine, and throw it into the glass, and after letting it burn for two or three seconds should invert the glass suddenly over the selected spot, and so on with each in succession. A bladder will be seen to rise almost immediately in the interior of each glass, and now, if wet cupping be desired, the glass must be removed, the scarificator applied to the part, and the glass re-applied as before. The glasses may be easily removed by inserting the thumb-nail between the rim of the glass and the skin.

The glasses may be left on for periods varying from five minutes to half an hour.

Blisters.

Blisters are of different shape according to the part to which they are applied: the time required for their action varies, but is usually from six to eight hours. By gently raising the edge on one side, the question as to the appearance of the blister may be easily

settled. When the skin is properly raised by the effused liquid, it should be carefully removed by cutting with a pair of scissors, and the raw surface dressed with the ointment prescribed, which is either irritating or emollient, according as whether it is desired to keep open or to heal the wound produced by the blister.

Fomentations.

Fomentations are generally used for the purpose of allaying pain, but they may be also ordered in other cases, as for encouraging the bleeding from leech-bites, to prevent inflammation after acupuncture, &c.

Simple fomentations are most easily prepared by enclosing the flannels to be applied within a double layer of towelling, with a sufficient excess of length left to allow of wringing; this should be laid in a flat basin or tin, and the boiling water poured over it, the ends of the towelling may then be twisted and the greater part of the excess of water may be squeezed out without scalding the nurse's hands; but it must be remembered that if the flannels be applied too hot, the patient may suffer pain instead of obtaining relief. The whole should be covered with a piece of macintosh or oiled silk, for without this precaution fomentations are worse than useless, as a few minutes serve to convert the warm comforting flannels into cold, clammy wet ones, and what was intended to be a comfort, becomes a source of annoyance to the

22 *The Nurse's Duties towards her Patients.*

patient. Spongio-piline is a compound material sold on purpose to meet this difficulty, and combines both flannel and waterproofing in one; it should be prepared for use, either by pouring hot water over the flannel, or else by laying it for a few minutes with the flannel downwards in a saucer of boiling water. Tincture of opium or spirits of turpentine are sometimes sprinkled over the surface of the flannel to relieve pain, but this should never be done without express orders.

Poppy fomentations are made by boiling crushed poppy heads in water, straining, and saturating the flannels in the decoction.

Treatment of Bed-Sores.

In some very long cases, especially when patients are suffering from paralysis, bed-sores cannot be altogether avoided, even with constant care and watchfulness; but it is to be feared that they occur more frequently than they need, owing to neglect on the part of nurses.

Bed-sores vary in degree from a slight abrasion of the skin, with a diffused redness around, to large, deep sores, involving all the tissues down to the bones. They occur over the prominent points of the patient's body, upon which the weight specially falls as he lies in bed—as over the lower part of the back, the buttocks, the projecting points of the shoulders, &c.

To guard against their occurrence—

1. The under sheet should be kept smooth and free from wrinkles or crumbs.

2. The patient should be kept as dry as possible, all discharges being cleared away frequently.

3. The position of the patient should be varied as frequently as possible.

4. The back should be examined daily and washed with a strong solution of spirits of wine, and after having been thoroughly dried, should be dusted with flour starch or powdered oxide of zinc.

5. When any indication of redness appears, the patient should be supplied with a water or air cushion, or the part should be covered with some thick felt or amadou plaster, having a circular hole corresponding to the inflamed spot.

When the skin has once broken, the sores must be treated on the same principle as other similar wounds.

Night Stools, Bed Pans, &c.

Although it is well to discourage as much as possible the use of the above-named in patients who are only wanting in resolution, it is most important that when assistance is wanted in this respect, the patients should be *at once* attended to, however often they may require it, without delay or a fresh display of grumbling on the part of the nurse on each occasion.

Many cases are undoubtedly lost or very much injured on account of the laziness or mock modesty of an inefficient nurse, who would often rather run the

24 *The Nurse's Duties towards her Patients.*

risk of allowing a patient to die from the effort of getting out of bed than take the trouble of attending to his wants herself.

The following cases are among those that should not be allowed out of bed on any consideration: Recent amputations, all fractures (except upper extremity), typhoid fever, rheumatic fever, ovariectomy, &c.

Night stools and bed pans, before use, should always contain a little clean water, and should be cleansed *immediately* after use.

For the sake of decency, as well as for the comfort of the other patients in the ward, screens should always be placed around the bed of any patient making use of the bed pan or night stool.

Laying out the Dead and Preparation for Post-Mortem Examination.

When a patient dies, the eyes should be closed by gentle pressure with the fingers for a few minutes, or a small weight—a penny or similar coin—may be used to keep up the pressure.

The limbs should be straightened out carefully, and a bandage applied under the lower jaw to support it; the arms should be placed by the side, and the lower extremities kept in position by means of a bandage connecting the great toes.

The clothes should then all be removed, and after the body has been thoroughly washed, be replaced by a clean bedgown.

A nurse is occasionally required to prepare a body for a *post-mortem* examination ; the method to be followed differs somewhat in hospitals and private houses.

In hospitals there is usually a special room, with a properly fitted table, on which the body should be laid ; the coverings of the corpse should be all removed, and a sheet should be thrown over instead.

In private houses the examination is usually made while the body remains in the shell, and with as little derangement of the clothes as possible. If, however, as sometimes happens, the body be allowed to remain on the bed, it is as well to protect the bed by a sheet of waterproofing, and to lay some tow thickly along by the side of the corpse to take up any fluid that may escape.

The room should be supplied with hot and cold water, two or three sponges, an empty pail or bucket, some towels, a bundle of tow, and some chloride of lime or other disinfectant.

After the examination is over, the nurse should carefully wash away any stains that may have been left on the body, and replace the coverings.

SECTION II.

DIVISION I.—Accidents and Emergencies.

Preparation of the Bed.

The bed that is set apart for the reception of these cases should always be kept made up, and in addition

26 *The Nurse's Duties towards her Patients.*

to the usual furniture of an ordinary bed, be provided with a large sheet of waterproofing for the protection of the mattress, and an extra half sheet should be placed lengthwise across the middle of the bed, which should be replaced by a clean one as often as may be necessary.

If the mattress be likely to yield to any extent, this should be prevented by placing four or five deal boards, about a foot wide, across the bed, under the mattress, to support it.

It is as well to have a small extra piece of sheeting for the protection of the pillow in the case of wounds about the head, &c.

The following are often required in the treatment of emergencies, and should be kept either in the ward or where they may be obtained *without difficulty* at a moment's notice :—

Tins for applying hot water to the feet or abdomen, mustard and linseed meal for poultices, cotton wool, tow, lint, bandages, sponges, scissors, pins, sticking-plaster, olive oil, sand-bags, fillets, extra pillows, brandy, a tourniquet, an artery forceps, and some ligatures.

Undressing the Patient.

If possible, a patient should always be undressed before being put into bed; and, except when he is able to *walk* into the ward, he should not be allowed to move himself from the stretcher.

All *tight clothing about the neck* should be at once loosened or altogether removed.

Boots should be removed with great care, and while withdrawing a boot with one hand, the other should be employed to steady the limb at the ankle; if the leg be broken, it is better at once to cut the boot down the side than to run the risk of doing further injury to the limb.

When the garters are removed, stockings may be drawn off without any difficulty, but a nurse should always make a point of seeing that the garters or straps confining the stockings *are* loosened or removed before any attempt is made. This is often forgotten, and the consequence is considerable discomfort to the patient and annoyance to the nurse.

The braces which keep up the trousers should also be entirely removed. It does not suffice merely to unbutton them in front, as the straggling ends are only in the way, and inevitably cause confusion.

Trousers need not be injured except in the case of patients suffering from a fracture of the lower extremity, when the outside seam of the trousers should always be ripped up, as the damage thus done is easily repaired, and the patient will gain largely in comfort. Before attempting to remove the trousers, the patient should be slightly raised from the stretcher, and while one person steadies the limb, another should draw away the clothes, previously taking care that the

28 *The Nurse's Duties towards her Patients.*

under-linen of the patient is so arranged as to avoid any indecent or unnecessary exposure.

On taking off the coat and waistcoat, it is better to remove one sleeve at a time, always commencing with the sound limb, the other will then follow without difficulty.

Although it is quite right to care less for the clothing than for the comfort of the patient, a nurse should not unnecessarily injure anything by acting in a hurry ; there is always time to look out for a suitable place to cut open, and very little is gained by tearing first in one direction and then in another, when a little steadiness and forethought would have warded off the damage.

When the patient is unable to walk, the litter or stretcher should be placed on the floor with its head close to the foot of the bed and lying in the same direction ; this position being that in which there is least difficulty in lifting the patient into bed. To properly lift an adult patient four assistants are required, two standing on either side ; one assistant should support the head and shoulders, and a second the hips on one side, on the other side the third assistant raises the back, while the fourth supports the legs.

All should commence to lift together, and set down the patient at a given signal.

The bedclothes should be folded back, for the whole length of the bed on one side, leaving one-half

uncovered to receive the patient—they are then easily replaced with the addition of a cradle when required.

Fractures.

Fractures may be simple, compound, and comminuted:—

Simple.—When a bone is broken in one place without any external wound.

Compound.—When a bone is broken in one place, and there is an external wound leading down to the broken bone.

Comminuted.—When a bone is broken in two or more places, as when a splinter of bone is broken off.

In any case of fracture, if the patient have to be taken any distance before being put to bed, it is a good plan to put on some sort of splint, made of wood or leather, or the cover of a book, or if none of these are available, a pillow and a couple of handkerchiefs will answer the purpose.

The following is the usual treatment of the various fractures, and the splints, &c., that are likely to be used:—

Skull.—Put the patient in bed, and let his head be shaved for some distance round the seat of injury, and wet lint with gutta-percha tissue applied over it.

Collar-bone.—Keep the patient in bed, without a pillow, with the arm on the injured side folded across the chest.

Ribs.—The patient should remain in bed, and a

30 *The Nurse's Duties towards her Patients.*

special rib bandage or flannel roller be put round his chest; a spittoon should be placed within reach, and the character of the expectoration noticed.

Thigh.—Long splint, three small splints, perineal band, rib-bandage, roller-bandages, cotton wool, macintosh, draw sheet, cradle, fracture boards.

Knee-cap.—To be kept steadily in bed, with the heel raised.

Leg.—Side splints or swing cradle, bandages, &c.

Arms.—Four short splints for upper arm; angular metallic, or other special splints for particular cases.

If the limb be not at once put up in splints, it should be temporarily kept in position by means of sand-bags or pillows secured by fillets, and protected by a cradle from the pressure of the bedclothes.

Dislocations.

In the case of dislocations, after the dislocation is reduced, the nurse has little else to do but to keep the patient quiet in bed; if, however, she be required to supply the articles that are used in the operation, she must be provided with two or three bandages, two or three long towels (the ordinary round towels will do), and some flour or starch powder to dust over the part on which pressure is expected.

Hæmorrhage.

There are three methods of stopping bleeding, which are in a nurse's power, and with which she should be familiar :—

1. Pressure at the Bleeding Point.—Blood may often be seen to flow from one small point only, of a wound; slight pressure with one finger over the spot will usually stop it, as long as the pressure is kept up, and often altogether even after the pressure is removed.

2. Pressure on the Main Artery supplying the Wound.—With a little patience and instruction from some qualified person, a nurse may soon learn the exact spot on which this pressure should be made; but if this is not to be had, in the case of wounds of the arm or leg, the nurse should apply a roller bandage as tightly as possible around the limb above the wound; this pressure must not be kept up very long, as mortification may be produced by it.

3. The Application of Cold.—This plan answers best when the bleeding is from several points scattered over a large surface; it is conveniently applied by letting cold water drip from a sponge on to the bleeding points, or by the application of ice in a macintosh bag.

The part from which the blood comes should be raised above the rest of the body, and if the patient become faint he should not be roused immediately, since faintness acts as nature's remedy by lessening the force and activity of the flow of blood.

Blood from the arteries is of a bright red colour and bursts out in spurts, while venous blood is purple red and flows in a steady stream.

32 *The Nurse's Duties towards her Patients.*

One of the most common sources of sudden bleeding is that which proceeds from the rupture of a varicose vein in the leg; the treatment in this case will consist in laying the patient down, raising the limb, and applying steady pressure by a pad and bandage to the bleeding point.

N.B.—The surgeon should be informed, in all cases of bleeding, even although the bleeding be quickly controlled, as a nurse cannot judge as to the best treatment to be followed to prevent a recurrence of the symptoms.

Epistaxis.—Bleeding from the nose is seldom serious, and may generally be controlled by the application of a little cold water; the patient should be kept upright, with his head thrown back and his hands raised above his head, with a sponge or some cotton wool over his nose to receive the blood, but should on no account be allowed to stand with his head bent down over a basin and so encourage the bleeding.

In addition to hæmorrhage from external wounds, blood may also come from the interior of the body, and a nurse is sometimes required to supply information as to the character of this blood, from which the medical attendant is able to judge its origin.

1. Hæmoptysis, or Spitting of Blood.—Blood from the lungs is generally coughed up, is frothy, mixed with mucus, in small quantity and of a bright red colour.

2. Hæmatemesis, or Vomiting of Blood.—Blood

from the stomach is vomited up, mixed with particles of food, in large quantity, and dark red or even black in colour.

3. Blood from the back of the throat, gums, and mouth generally, is of a red colour, usually mixed with saliva, and is neither coughed nor vomited up unless previously swallowed.

4. Foreign substances, as logwood, brick dust, port wine, and other things are often purposely mixed with the saliva by hysterical patients, who not unfrequently also prick their gums, bite their lips, or suck at the socket of a tooth until it bleed, in order to create sympathy.

5. In the case of female patients, bleeding from the womb, at other than the menstrual periods, should always be at once reported to the medical attendant.

6. The *quantity* of blood lost by a patient should always be carefully noted.

Insensible Patients.

When left in charge of a patient who is insensible, do not use any violent measures in order to arouse him; lay him in bed, or on the floor, loosen whatever is round his neck, and let him have a free access of air.

Notice whether the breathing is quiet or noisy, regular or irregular, whether there are any convulsive movements of the limbs, whether the urine or fæces be passed involuntarily, whether the pupils of both

34 *The Nurse's Duties towards her Patients.*

eyes are alike, or larger or smaller than natural, whether the patient will bear to have his eyes touched, and whether he can be aroused at all.

Delirious Patients.

Avoid any roughness in dealing with delirious patients, but always be firm, and never let them see that you are afraid of them or inclined to let them have their own way. Do not attempt to argue with them or to contradict any of their assertions, but at the same time it is as well to appear as interested in their conversation as possible. See that the lower parts of the windows are carefully fastened down, and that there are no knives or dangerous weapons within reach of the patient. A nurse should never be left alone with a patient in delirium, unless *immediate* assistance is available *at a moment's notice*.

Faintness.

In any case of faintness, the patient should be at once placed in a recumbent position, all tight clothing about the neck and chest be loosened, and a supply of fresh cold air secured.

Water dashed on the face, or applied by means of a wet towel, is the best restorative.

If smelling salts or any preparation of ammonia be used, care must be taken that they are not used too persistently, as serious injury may be thereby caused to the lining membrane of the respiratory passages.

SECTION II.

DIVISION II.—Operations.

In the operation room, a nurse should be as noiseless as possible in her movements ; while it is far from wrong to display an intelligent interest in what is going on, she should never forget that she has her own special duties to perform.

Before the operation, the nurse should see that there is a good supply of sponges, plenty of hot and cold water, bandages, pins and strapping, and it is well to have a little brandy at hand in case of the patient being faint ; the part of the floor on which blood may be expected should be strewn with sawdust, which should be taken away and replaced after every operation.

When chloroform is to be administered, if the operation is advertised in time to admit of it, the patient should have a pint of beef-tea four hours before the operation, and should have nothing else, except perhaps a little brandy, before the operation. In all operations on the parts about the bladder and rectum, an enema should be administered on the morning of the operation.

The nurse should see that the patient's clothes are properly arranged beforehand. It is a good plan for the patient to wear nothing but a flannel dressing-gown over the night-shirt and a pair of stockings and

36 *The Nurse's Duties towards her Patients.*

slippers, all of which may be easily removed if required.

The temperature of the water in which the sponges are soaked varies with the purpose required; for instance, when they are used for stopping bleeding, cold water should be used, while for cleansing the surrounding parts after the operation is complete warm water is best.

The sponging should always be towards the wound and not away from it.

Amputation.—The nurse should make a note of the number of ligatures used and also of the number of sutures employed to keep the edges in contact.

The strapping used for keeping flaps together should vary from half an inch in the forearm to one and a half inch in the thigh; when changing the straps, one only should be removed at a time, and be immediately replaced by a fresh one. The nurse should take care in removing a strap to first loosen both ends and then taking one in each hand, gently pull both together, so that there is no fear that the wound be pulled asunder, as it would be if only one end of a strap were drawn upon.

The strapping should never be applied so as to press upon the end of the bone.

The nurse should never attempt to remove a ligature unless it is lying loose in the wound; ligatures of the smaller arteries usually separate in a week or ten days, but those securing the larger ones, as the

femoral, do not come away until after a fortnight or three weeks.

Ligatures are liable to be inadvertently pulled upon, by becoming adherent to the strapping, which keeps the flaps in position. It is a good plan to collect the ends of the ligatures, some at each angle of the wound, and secure them to one position on the limb by small strips of sticking-plaster placed across; when the part is very hairy, it will save a good deal of annoyance to the patient if the part be shaved previously to the application of the strapping.

The limb should be slightly raised, and a cradle placed over to take off the weight of the bed-clothes.

The patient should never be left alone after an amputation until all the ligatures have come away, as bleeding might come on at any time.

Excisions and Resection of Joints.—The surgeon will usually select a special splint for any particular case, and the nurse will be required to pad it. It is well to remember that a small piece of oil-silk should be placed on the splint under where the wound comes, to prevent the splint from being soiled by the discharges.

The extremity of the limb from which a joint has been removed should be kept wrapped up in cotton wool, as otherwise the patient is very likely to complain of the cold for the first few days.

Hernia.—A hernia is a protrusion of a part of

the bowels through an unnatural opening, and in the majority of cases this rupture, as it is called, can be easily returned and kept in position by wearing a well-fitting truss ; but it sometimes happens that a patient is unable to return the rupture ; serious symptoms set in, and he is brought to the hospital for relief. The surgeon first tries the taxis, that is to say, he tries to reduce it by manipulation ; if he is unsuccessful the patient is put into a hot bath, and trial again made while he is there ; if failure again result, there is no hope of relief being given without recourse to a cutting operation.

The part should be shaved clean before the patient is taken to the operating-room, as this operation only causes confusion if left till the patient is on the table.

After the operation, a pad should be placed over the wound and retained in position by the application of a spica bandage ; the patient should be kept strictly in the recumbent position, and if the patient vomit or have a violent fit of coughing it is a useful precaution for the nurse to support the wound with her hand during the time of extra pressure.

No food whatever should be given except that ordered by the surgeon, and that is usually ice, iced milk, beef tea, and a little brandy or wine for a few days.

Lithotomy is the operation for the removal of stone from the urinary bladder by cutting.

After the operation the patient should be so placed

in the bed that the discharges should either drain away at once or be easily removed before they accumulate.

The nurse should carefully notice whether any fragments of stone come away, and how much urine, if any, passes through the natural opening.

Lithotrity.—The patient should be kept in bed, and all the water passed should be collected and filtered through muslin or filtering paper, so that any fragments of stone that escape may be retained for the observation of the surgeon.

Ovariotomy.—The patient should be kept quiet in bed on a simple nourishing diet for three or four days previously, and on the day of the operation should have no food except a pint of beef tea, and a little brandy three or four hours before the operation; it is also advisable that an enema should be administered and the bladder emptied by the catheter beforehand.

The room in which the operation is to be performed must be previously well warmed, and a constant temperature of about 70 degrees be maintained; the air may also be rendered moist by keeping a kettle boiling on the fire. A regular supply of fresh air should be at the same time secured without exposing the patient to a draught.

The patient should lie on a firm table with the legs hanging over one end, and allowing the feet to rest on a stool conveniently placed for the purpose. She

should be as warmly clad as possible, but in such a way as to allow the whole surface of the abdomen to be fully and readily exposed.

The room should be supplied with plenty of hot and cold water, five or six small sponges, lint, towels, sticking-plaster and bandages, and two or three empty buckets, and it is also useful to have ice at hand in case of need. As it is desirable that the patient should be moved as little as possible, after the operation, the following suggestion of Sir William Fergusson for keeping her dry will be found valuable. Take a large sheet of macintosh and cut an oval aperture corresponding in size and position to the proposed incision, and then having cut a similar aperture in a piece of common sticking-plaster about a foot square, firmly gum the wrong side of the sticking-plaster to the macintosh, making them as it were one piece, then apply the adhesive side of the plaster to the abdomen.

After the operation a bandage is applied round the lower part of the abdomen.

This should be from 30 to 40 inches in length and about one foot wide, made of linen lined with flannel, and with two or three sets of tapes placed at different intervals, so that the pressure may vary with the size of the patient.

The patient should be kept on broth, barley water and ice and milk for two or three days after the operation, and should not be allowed to raise herself in bed, the bowels being allowed to act as seldom as

possible, and the water being withdrawn every four or six hours by means of the catheter.

Tapping.—When a patient is about to be tapped for dropsy, the nurse should be provided with the following:—

A flannel bandage twelve inches broad, one or two buckets, lint, sticking-plaster, hot water, sponges, pins, brandy.

After the operation the patient should be kept strictly in bed for at least a week, wearing the flannel bandage, and be kept on a light unstimulating diet.

SECTION II.

DIVISION III.—Treatment of Special Cases.

Hysteria and Epilepsy.

It is often extremely difficult to distinguish between a convulsive fit which is the result of epilepsy and that caused by hysteria.

The following are the main points on which a nurse should be able to furnish exact information:—

- | | |
|--|--------------------------------|
| 1. Is there any warning before a fit? | { E. frequently.
H. Seldom. |
| 2. Does the patient cry out? . | { E. once.
H. repeatedly. |
| 3. Does the patient injure herself by biting the tongue, falling heavily, or striking the furniture? | { E. frequently.
H. rarely. |

42 *The Nurse's Duties towards her Patients.*

4. How long does the fit last ?
5. Will the patient bear having } E. always.
the eyes touched ? . . . } H. rarely.
6. Does the patient pass motions } E. frequently.
or water involuntarily dur- } H. seldom.
ing the fit ? }
7. What is the state of the { E. stupid, dull
patient after the fit ? . . { headache.
H. drowsy.
8. Are there any worms in the } E. sometimes.
motions ? } H. rarely.

The treatment to be adopted with a patient in a fit is to lay him on a bed or on the floor, loosen all tight clothing about the chest and neck ; if the patient be in the habit of biting his tongue it is a good plan to insert, if possible, a small piece of wood or cork between the teeth, and clear away the frothy discharge from the mouth.

Hysterical patients require to be treated with considerable firmness, a liberal application of a wet towel to the face and chest being often followed by the most satisfactory results ; but on the other hand, while it is often right to withhold the expression of too much sympathy with a patient's ailments, a nurse should never behave with unnecessary harshness towards any patient, even though she may believe that they are attempting to deceive those around them.

N.B.—It is always advisable for a nurse to notice whether a patient is usually worse just before the

expected visit of the medical attendant, and whether his appearance is the signal for the manifestation of a number of symptoms which had hitherto been unnoticed.

Paralysis.

In cases of paraplegia, or paralysis of the lower half of the body, the patient is in a pitiable condition, lying quite unable to turn in the bed, and having lost all control over his bladder and rectum, fæces and urine are constantly passing without his knowledge, and he is therefore entirely dependent on the care and attention of the nurse for everything.

These are very troublesome and wearying cases for the nurse as well as for the patient, their course being usually from bad to worse, and there seems to be little chance of any credit being obtained for the management of them; but there are, perhaps, no cases where the kindness and self-denial of a good nurse are more needed, or where a want of these qualities is more readily exposed or more acutely felt by a patient.

The patient should be kept *clean and dry*, and this can only be done by *constant* attention; bed-sores are only to be avoided by this precaution and by the careful examination of the patient's back every day. Any red places should be sponged with spirits of wine, and when dry should be dusted with flour starch or powdered oxide of zinc, every day. Wherever it is possible, it is desirable for the patient to have a water bed, or at any rate a circular water cushion.

FEVERS.

Name.	Period of Incubation.	Day of Rash.	Characters of Rash.	Duration of Illness.	Observations.
Measles.	10 to 14 days.	4th day of fever.	Small red dots like fleabites.	6 or 10 days.	Accompanied with running at eyes and nose.
Relapsing.	Sudden.	...	Purpuric spots.	Caused by want of food. The special feature of this fever is, that after a week or a fortnight after the first attack, and during convalescence, it is liable to recur two or three times.
Scarlet Fever.	4 to 6 days.	2nd day of fever.	Bright scarlet diffused.	8 or 9 days.	Very infectious. Often accompanied by sore-throat, followed by desquamation or falling off of the skin.
Typhus.	1 to 12 days.	4th to 7th.	Mulberry colour general over abdomen.	14 to 21 days.	Very infectious. Usually caused by overcrowding and destitution.
Typhoid.	10 to 14 days, or suddenly.	7th to 14th.	Rose-coloured spots, few in number.	23 to 30 days.	Seldom infectious. Usually caused by bad drainage, accompanied with diarrhoea and sometimes bloody stools.
Small-pox.	12 days.	3rd day.	Small red pimples, becoming vesicles, then pustules.	14 days to 21 days.	Discrete or confluent. Great pain in back and intense headache. Secondary fever sets in about eleventh day of disease.
Chicken-pox.	21 days.	...	Small rose pimples, becoming vesicles.	6 or 7 days.	
Erysipelas.	3 to 7 days.	2nd or 3rd.	Diffuse redness and swelling.	Most common in face and head, and after surgical operations or injuries.

Bandages.

Bandages are usually made of unbleached calico, and vary in length and width according to the purpose for which they are intended.

The widths of roller bandages most in use are 2, 2½, and 3 inches, while the length varies from 6 yards for an arm, to 8 yards for a leg bandage. A piece of unbleached calico is taken, and its breadth measured out into the widths required, a thread is then drawn through the entire length, commencing at the marked spot, and this serves as a guide to the scissors, insuring at the same time a regularity of width and an absence of frayed edges; the separated bandages are then *evenly and tightly* rolled on themselves and any projecting ends should be carefully pared off.

Of the numerous named bandages in use, there are few that are not modifications of the T-bandage, or if any other is desired, the ingenuity of a sensible nurse will enable her to carry out any suggestions she may receive. The T-bandage is so-called on account of its resemblance to the capital letter T. It is used for applying pressure or retaining dressings in position on the perinæum or adjacent parts.

T-Bandage.—It is made by sewing together two pieces of bandage of suitable length, so as to form a figure like the capital T; the upper cross bar should be sufficiently long to reach round the waist, while

the upright should be long enough to be carried from its starting point round between the legs of the patient and to be brought up and fastened to the cross piece in front.

The many-tailed bandage is very useful where it is desired to keep on a dressing or apply a little support, without giving the patient the pain of being constantly moved. It is made by sewing together the requisite number of pieces of bandages of suitable length, for about two inches in the centre of each, at the same time allowing every superior piece to overlap the one below it by about $\frac{1}{4}$ inch.

Rib-bandages are usually of flannel, and should be from 6 to 12 inches in width and 6 to 8 yards long.

The spica bandage is only the name given to a common roller when applied, to keep pressure on either groin.

Charpie is of two kinds, each of which is prepared in a different way. The one is merely the product of scraping off the rough surface of a piece of lint. The other is prepared by separating successively the several threads of which a piece of linen is composed, and arranging them together according to size.

Lint.—To make lint, all that is required is a firmly stuffed leather pillow, about 12 inches by 8, and an ordinary dinner table-knife. The pillow should lie on the lap and the piece of linen be held in the left hand with the right hand holding the knife. First pick out about a dozen cross threads, each thread of the linen

going in the same direction must then in turn be fixed by the sharp edge of the knife applied, with the pillow for a counterforce, and the linen drawn away forwards from the worker by the left hand.

Cotton Wool is usually sold in sheets, which are rolled up together in a small bundle. It will be found always more convenient and more economical though *seemingly* at first more troublesome to unfold the packet, and not to attempt to pull it out in handfuls at one end.

. Lotions.

Lotions are usually applied on lint or rag which have been previously soaked in the lotion required.

When it is desired to produce a cooling effect by the evaporation of lotion, only one layer of material should be applied, and *no* oiled silk or gutta-percha used.

Liniments.

When any remedy in a liquid form is applied to a part by rubbing, it is called a liniment, and may be soothing, as belladonna; stimulating, as compound camphor; counter-irritant, as croton-oil liniment.

Liniments and lotions must be regarded as *poisonous*, and great care should be taken that there is no chance of their being administered *internally*.

It is obviously the nurse's duty to administer all medicines, and apply all lotions, liniments, &c.;

48 *The Nurse's Duties towards her Patients.*

but it may occasionally happen that the frequency with which this is required, renders it necessary that the patient should renew the application himself. Especial care should be taken that no other saucer, cup, or basin should be within reach than the one containing the required remedy. Serious accidents might follow if the patient were unwittingly to mistake a vessel containing lotion for that in which he had been accustomed to find his toast and water or other drink.

Enemata.

Opium.

An opium enema consists of two fluid ounces of decoction of starch, with thirty minims of tincture of opium (laudanum).

Beef Tea.

An excellent nutritious enema may be made by mixing together

Strong beef tea	. . .	4 to 8 ounces.
Cream	1 ounce.
Brandy	$\frac{1}{2}$ ounce.

Barley Water.

Take of pearl barley two ounces, and having twice washed it in cold water, boil for twenty minutes in a pint and a half of water and strain.

Enemata.

49

Common Salt.

Common salt ℥j.
Barley water or gruel . . . ℥xij.

Olive Oil.

Warm olive oil 6 to 8 ounces.

Soap.

Soft soap ℥j.
Boiling water ℥xij.
Rub up together and inject warm.

Castor Oil and Turpentine.

Castor oil ℥iss.
Spirits of turpentine . . . ℥ss.
Barley water or gruel . . . ℥xij.

Tobacco.

Common tobacco . . . 15 grains.
Boiling water . . . 8 ounces.

Let them infuse for 10 minutes, strain, and inject warm.

Milk and Honey.

Take two or three tablespoonfuls of honey and dissolve in a pint of warm milk.

Fomentations.

Poppy.

Take two poppy-heads, break them up and boil in two pints of cold water until the quantity is nearly reduced to one pint, then strain, soak the flannel in the decoction, wring out superfluous moisture, and apply hot, covering all with a piece of waterproofing.

Turpentine.

The flannels should be wrung out of hot water and then the surface of them should be sprinkled with about half an ounce or an ounce of turpentine.

Opium.

The same as turpentine, with the substitution of laudanum for turpentine.

Poultices

may be applied on paper, linen, or tow, or enclosed in a muslin bag.

Bread.

Bread poultice should be made by first grating a sufficient quantity of stale breadcrumb ; this should be added to boiling water in a basin, carefully stirring all the while until a proper consistency is obtained ;

the resulting mass should be poured on to the muslin or other material prepared to receive it, and should not be spread or pressed in any way.

Linseed Meal.

Pour some boiling water into a previously warmed basin, and then add gradually a sufficient quantity of linseed meal to form a thick paste, *stirring thoroughly the whole time*; and occasionally it is useful, if the poultice be required to remain undisturbed for many hours, to add a little simple dressing or olive oil (mixing this in also).

Mustard.

The method of making a mustard poultice must vary with the amount of counter-irritation that is desired; if made entirely of mustard, enough should be taken to make a paste with boiling water, and this should be spread in a thin layer on brown paper, and covered with muslin to form a poultice of the size desired; the strength may however be lessened by previously mixing the mustard with linseed meal and then proceeding as above.

Charcoal.

Take two ounces of breadcrumb and soak for ten minutes in half a pint of boiling water, near the fire, then mix and add gradually an ounce and a half of linseed meal, stirring as before, then add $\frac{1}{2}$ ounce

52 *The Nurse's Duties towards her Patients.*

of powdered wood charcoal and mix thoroughly, and finally sprinkle $\frac{1}{4}$ ounce of charcoal over the surface of the poultice.

Carrot.

Boil until soft, strain, mash, and apply warm.

Yeast.

Take six ounces of beer yeast and mix with an equal quantity of hot water, and stir in a pound of flour or fine oatmeal, and stand the basin near the fire till it rises.

Baths.

Temperature of Simple Baths.

Cold	.	.	33°	—	65°	Fahrenheit.
Cool	.	.	65°	—	75°	„
Temperate	.	.	75°	—	85°	„
Tepid	.	.	85°	—	92°	„
Warm	.	.	92°	—	98°	„
Hot	.	.	98°	—	112°	„

Soda Bath.—One pound of common soda to the bath.

Sulphur Bath.—Sulphurated Potash, $\frac{1}{4}$ lb. to the bath.

Salt-water Bath.— $\frac{1}{2}$ lb. to 4 gallons.

Mustard Foot Bath.—Powdered mustard \mathfrak{z} ij to \mathfrak{z} iv, hot water 4 gallons.

Mercurial Vapour Bath.—Place the powder (usually 10 to 30 grs. of calomel) on the tin at the top of the

apparatus, fill the saucer surrounding it with water, and light the lamp. The patient should be seated on a cane-bottomed chair, under which the apparatus is placed, and covered up to the neck with a blanket, to prevent the vapour from being diffused about the room. The process usually lasts about twenty minutes.

Hot air and vapour baths require a special apparatus.

SICK-ROOM COOKERY.

Scrupulous cleanliness is always necessary in a kitchen, but in a sick-room it is indispensable. Always be sure that everything you use, whether saucepan, spoon, or feeding cup is absolutely free from any taint of what has previously been contained in it.

All cups or basins, especially containing milk, should be thoroughly cleansed with hot water before using.

The next thing to be remembered is, that the manner in which the food is served has a marked effect on the manner in which it is accepted by a sick person. Rather offer always less than more of anything ; there is nothing so nauseating or disheartening to a patient, as to be offered what would be oftentimes more than enough for a person in health. An ounce or two of meat nicely minced and served up hot with a sprinkling of salt, with a potato mashed, will generally be accepted where a slice of meat which involves the trouble of cutting up, would be rejected.

Beef Tea may be prepared in two ways, but the preparatory stage is the same in both ; the beef should be finely divided and all fat should, if possible, be removed ; it should then be placed in a jar containing cold water, in the proportion of one pound of beef to one pint of water ; let the jar stand for an hour, then place it either in an oven, or if this is not practicable, in a saucepan half full of water, and let the water in the saucepan gently boil for another hour, then strain through muslin and flavour according to taste.

Beef tea may be rapidly prepared by placing the jar containing the meat finely divided without any water, in an oven for twenty minutes, then add boiling water according to the quantity required.

Mutton Broth.—The lean part of necks and loins should be chosen, be cut up into small pieces and all superfluous fat be removed ; about one pound of neck of mutton thus prepared should be placed in a saucepan containing a pint of cold water, and placed on the fire, and as the scum rises to the top it should be carefully removed ; when this ceases, let the broth boil for about two hours, strain, and flavour. A teaspoonful of pearl barley is often acceptable, added when the broth begins to boil.

Chicken Broth is prepared by immersing the parts in cold water in a saucepan, and letting it boil for two hours, skimming off the superfluous fat.

Chicken Panada is made by rubbing together in a mortar the meat from the breast and wings of a

roast or boiled chicken, with an equal quantity of stale bread, then add gradually the water in which the chicken was boiled, or other broth, boil for a few moments, and rub through a fine sieve.

Port Wine Jelly is made by dissolving $\frac{3}{4}$ ss. of isinglass in a wineglassful of water, with a couple of knobs of sugar, in a small saucepan in an oven or over a gentle fire, then add five wineglassfuls of port wine, and stir continually for ten minutes, strain through muslin, and pour into a mould moistened with a little clean cold water and set aside to cool; a piece the size of an egg may be taken two or three times a day. If desired a little nutmeg or cinnamon may be grated into the wine before adding it to the isinglass, &c.

Calves Foot Jelly.—Thoroughly clean two calves feet, cut into pieces and stew in two quarts of water till reduced to one quart; when cold take off the fat, and separate the jelly from the sediment. Then put the jelly into a saucepan, with white wine and brandy, and flavouring to taste, with the shells and whites of four eggs well mixed together, boil for a quarter of an hour, cover it and let it stand for a short time, and strain while hot into a mould through a flannel bag.

Bread Jelly is made of stale bread steeped in boiling water, and then rubbed through a sieve or piece of muslin, flavoured with sugar or salt according to taste, and set aside to cool.

Six ways of Cooking an Egg.

1. *Simple Boiling.*—Set a saucepan nearly full of water on the fire, and when the water boils put the egg in with a spoon and leave it from 2 to 3 minutes.

2. *Poached.*—Put a tablespoonful of salt into a saucepan full of boiling water, then break the egg carefully into it and let it boil gently for three minutes, then take it out with a large spoon or slice, set it on a plate to drain, then serve on toast.

3. *Another way.*—Break the egg into a cup, then stir the boiling water in the saucepan rapidly round with a stick, and as it is whirling drop in the egg and let it revolve for three minutes, then serve on toast.

4, 5. *An Omelette* may be either *sweet* or *savoury* according to the flavouring which is added, otherwise the preparation is the same in both cases. Place a good sized piece of butter or lard in a clean frying-pan, and while it is dissolving break the egg into a teacup containing two dessertspoonfuls of milk and mix it well together with a fork, adding the flavouring, sugar or salt, pepper, parsley, &c., as required, and when the fat is hot enough, then pour the egg into the middle of the pan and keep up a constant though gentle agitation of the pan all the time, about five minutes, to prevent the egg sticking to the bottom, then roll it together like a pancake and serve.

6. *Snow Eggs.*—Take a small teacup of new milk and boil it in a small, shallow saucepan with a little sugar; while it is boiling, break the egg, putting the yolk

and white in separate cups, whip up the white to a fine light froth, and when the milk is quite boiling, take a large spoonful at a time of the white, place it on the top of the milk for a moment or two, then turn it, and when sufficiently solid lift it out on a slice; then mix up the yolk with some sugar, add the boiling milk, mix and boil again for a few minutes, then pour around the white and serve.

Brandy Mixture is made by beating up an egg (or the yolk only, if it is desired to make it lighter) with some sugar, then gradually add a wineglassful of cold water, stirring carefully all the while, and then a wineglassful of brandy.

White Wine Whey is made by adding a wineglassful of sherry to half a pint of boiling milk, and then pour the resulting curds and whey on a strainer and serve hot.

Treacle Posset.—A tablespoonful of treacle takes the place of the sherry, and a little additional boiling is required.

Gruel.—Mix two tablespoonfuls of oatmeal very smooth in a little cold water; then add it gently to half a pint of water, put it on the fire, and boil for a quarter of an hour, stirring constantly; then flavour with lemon-peel, sugar, nutmeg, &c., according to taste, and strain through muslin while hot.

Arrowroot may be prepared with either milk or water; if it is desired to add wine or brandy, water is preferable.

Mix a dessertspoonful of arrowroot with a little cold water or milk in a breakfast-cup; then add half a pint of *boiling* milk or water, stirring all the time.

Sago requires to be soaked a little while before using; an ounce should be placed in a pint of water and stood on the hob or in the oven for two hours; then boil for a quarter of an hour, and flavour to taste.

Custard Pudding.—Break an egg into a teacup, and mix thoroughly with sugar to taste; then add milk to nearly fill the cup, mix again, and tie over with a small piece of linen; place the cup in a shallow saucepan, half full of water, and boil for ten minutes.

If it is desired to make a **Light Batter Pudding** a tablespoonful of flour should be mixed in with the milk before tying up.

Rice Blancmange.—Simmer half a pint of milk with a tablespoonful of pounded white sugar until near boiling, then stir in two ounces or one large tablespoonful of ground rice, previously mixed with half a pint of milk till smooth, boil for ten minutes, stirring all the while, and pour into a moistened mould, and serve it cold.

Corn-Flour Pudding.—Take one pint of milk, and mix with it two tablespoonfuls of the flour; flavour to taste, then boil the whole eight minutes; allow it to cool in a mould, and serve up with or without jam.

Lemonade.—Pare a lemon very thin, and remove

as much as possible of the white substance underneath, then cut it into thin slices, and put them with the parings of rind into a jug with some white sugar; then add a pint of boiling water, let it stand till cold, and then strain.

Imperial Drink is made by dissolving a drachm of cream of tartar in the boiling water added to the lemonade prepared as above.

Barley Water.—Take two ounces of pearl barley, and having twice washed it in cold water, boil for twenty minutes in a pint and a half of water; strain and flavour with lemon peel, sugar, &c., to taste.

Toast Water.—Take a slice of stale bread, or bottom crust of loaf, toast it carefully without burning, put it in a jug, and pour over it boiling water; let it stand to cool.

Linseed Tea.—To half an ounce of unbruised linseed with a drachm of liquorice, in a covered jar, add a pint of boiling water; let the infusion stand on the hob or near a fire for three or four hours; strain and flavour to taste.

TIMES FOR ADMINISTERING MEDICINE, &c.

Alternâ nocte . . .	alt. noct.	Every other night.
Alternis diebus . . .	alt. dieb.	Every other day.
Ante cibum . . .	a. c.	Before food, meals.
Bis die . . .	b. d.	Twice a day.
Hâc nocte . . .	h. n.	To-night.
Horæ somni . . .	h. s.	At bedtime.
Mane . . .	m.	In the morning.
Nocte . . .	n.	At night.
Nocte manequè . . .	n. mque.	Night and morning.
Omni mane . . .	o. m.	Every morning.
Omni nocte . . .	o. n.	Every night.
Post cibum . . .	p. c.	After food, after meals.
Post singulas liqui- das sedes . . .	post. sing. liq. sedes.	After every loose motion.
Pro re natâ . . .	p. r. n.	As circumstances require.
Primo mane . . .	p. m.	The first thing in the morning.
Quotidie . . .	quotid.	Every day.
Quâque horâ . . .	quâque horâ	Every hour.
Si opus sit . . .	s. o. s.	If necessary.
Sumendum . . .	s.	To be taken.
Statim . . .	stat.	Immediately.
Ter die . . .	t. d.	Three times a day.
Tussi urgente . . .	t. u.	When the cough is troublesome.
Utendum . . .	u.	To be used.
Vespere . . .	vesp.	In the evening.
Vices . . .	vic.	Turns (ad vices quatuor, for four times).
2 ^{dis} horis . . .	—	Every 2 hours.
3 ^{dis} horis . . .	—	Every 3 hours.
4 ^{dis} horis . . .	—	Every 4 hours.
6 ^{dis} horis . . .	—	Every 6 hours.
8 ^{dis} horis . . .	—	Every 8 hours.

Parti affecta applicandum	p. a. a.	To be applied to the part affected.
Parti dolenti "	p. d. a.	" " to the painful part.
Modo prescripto "	m. p. a.	" " in the prescribed manner.

Weights and Measures.

gr. j = 1 grain.

ʒj = 20 grains = one scruple.

ʒss = 30 grains = half a drachm.

ʒj = 60 grains = 1 drachm.

ʒss = 4 drachms = half an ounce.

ʒj = 8 drachms = one ounce.

lb. j = 16 ounces = one pound.

mj = 1 minim = drop.

flʒj = 60 minims = 1 fluid drachm = 1 teaspoonful.

flʒij = 2 fluid drachms = 1 dessertspoonful.

flʒss = 4 fluid drachms = 1 tablespoonful.

flʒj = 8 fluid drachms = 1 fluid ounce = 2 tablespoonfuls.

flʒij = 2 fluid ounces = one wineglassful.

Oj = one pint = 20 ounces.

1	2	3	4	5	6	7	8	9	10	11	12
i	ij	ijj	iv	v	vi	vij	vijj	ix	x	xi	xij

Cochleare, a spoon.

Coch. parvum, a teaspoon.

Coch. magn., a tablespoon.

N.B.—As the spoons in common use vary considerably as to the quantity which they contain, it is advisable on all occasions, if possible, to use a graduated measure glass.

G L O S S A R Y.

-
- Abdomen* . . The lower half of the body, from the chest to the groins.
- Abscess* . . . A collection of matter.
- Ague* A disease marked by shivering fits recurring at regular intervals.
- Albuminuria* . A disease of the kidneys, marked by the presence of albumen in the urine.
- Ammoniacal* . Smelling like ammonia,
- Amputation* . A cutting off.
- Anæsthesia* . Insensibility to pain.
- Anatomy* . . The knowledge of different parts of the body which is gained by dissection.
- Anæmia* . . . A state of the body in which there is a deficiency of blood.
- Anchylolosis* . Joining together—an immovable state of a joint.
- Aneurism* . . A tumour containing blood, caused by some defect in the coats of an artery with which it communicates.
- Anodynes* . . Remedies used to procure relief from pain.

- Antiseptic* . . . Able to prevent putrefaction.
- Anorexia* . . . Loss of appetite for food.
- Antrum* . . . A cave—a name usually applied to part of the upper jaw.
- Anus* The lower termination of the intestinal canal.
- Aorta* The large artery arising from the left side of the heart to supply all the body with blood.
- Aphonia* . . . Loss of voice.
- Apoplexy* . . Sudden insensibility caused by disease within the brain.
- Aqua* Water.
- Artery* A tube for conveying purified blood.
- Ascaris* . . . An irritating worm ; *ascaris lumbricoides*, long round worm ; *ascaris vermicularis*, threadworm.
- Ascites* . . . Dropsy.
- Asphyxia* . . Suffocation.
- Asthma* . . . A disease marked by spasms of difficult breathing.
- Astragalus* . One of the bones of the foot.
- Atrophy* . . . Wasting.
- Auscultation*. Listening.
- Autopsy* . . . A post-mortem examination.
- Axilla* . . . The arm-pit.
- Balneum* . . . A bath : tepidum, warm ; calidum, hot ; frigidum, cold.

Battery . . . An apparatus for producing electric shocks.

Bile A yellow fluid formed in the liver.

Bistoury . . . A curved knife.

Bougie . . . An instrument for dilating contracted passages.

Bronchitis . Inflammation of the bronchial tubes of the lungs.

Cæcum . . . The name of part of the large intestine.

Calculus . . A pebble—usually applied to stone in the urinary bladder.

Cantharides . Spanish fly, from which blisters are made.

Canula . . . A funnel-shaped tube, acting as a sheath for a trocar.

Caoutchouc . India-rubber.

Capillary . . Like a hair in size—the small blood vessels which intervene between the arteries and the veins.

Caries . . . Decay—usually applied to bones and teeth.

Cardiac . . . Belonging to the heart.

Carpus . . . The wrist.

Cartilage . . Gristle.

Catalepsy . . A disease in which (during the attack) the limbs remain in any position in which they may be placed.

Cataract . . A cloudiness or opacity of the lens of the eye.

Catarrh . . . A watery discharge.

- Cataplasm* . A poultice.
- Catheter* . . . An instrument for withdrawing water
from the bladder.
- Catamenia* . The menses.
- Caustic* . . . Any substance which destroys animal
textures by chemical action.
- Cautery* . . . An instrument used for applying heat.
- Cerebrum* . . The brain.
- Cerebellum* . The little brain.
- Cervical* . . Belonging to the neck.
- Chloroform* . A chemical compound used for producing
insensibility to pain.
- Cholera* . . . A disease marked by great prostration
and by the passage of frequent watery
stools.
- Chyle* The material into which food is trans-
formed before it is absorbed into the
blood.
- Chorea* St. Vitus' dance.
- Clamp* An instrument acting like a vice for
securing the stems of tumours.
- Clavicle* . . . The collar bone.
- Clinical* . . . Belonging to a bed ; clinical lectures,
bedside lectures.
- Cluneluvium* . A hip bath.
- Clyster* An enema.
- Coagulation* . A process by which the solid elements of
a liquid join and separate from the wa-
tery elements ; as when milk curdles.

- Colic* A severe pain in the pit of the stomach.
- Collyrium* . . An eye-wash.
- Coma* Insensibility.
- Condyle* . . . A round projection at the ends of some bones.
- Congenital* . . Beginning at birth.
- Constipation* . A confined state of the bowels.
- Consumption* . A wasting away—a name usually applied to a disease of the lungs.
- Contagious* . . Spreading by touch.
- Contusion* . . A bruise.
- Convulsion* . . Involuntary jerking movements of the limbs and features.
- Cornea* . . . The clear projection, like a watch-glass, on the front of the eye.
- Cranium* . . . The skull.
- Crepitus* . . . A peculiar feeling communicated to the hands, in rubbing together the ends of a broken bone.
- Crisis* A deciding point.
- Croup* An affection of the windpipe with spasms of difficult breathing, caused by the presence of false membranes.
- Cuticle* See *Epidermis*.
- Cutaneous* . . On the surface of the skin.
- Cucurbitula* . Cupping glasses—*arida*, dry; *cruenta*, wet.
- Cyst* A tumour containing fluid or half-solid material, enclosed within an investing membrane.

- Delirium Tremens*, A disease marked by delirium or wandering, with a tremulous motion of the hands and fingers.
- Deltoid* . . . The muscle which forms the prominence of the shoulder.
- Diabetes* . . . A disease marked by an increased flow of saccharine urine.
- Diachylon plaster*, Common sticking.
- Diaphoresis* . Perspiration.
- Diaphragm* . The muscle separating the chest from the abdomen.
- Diagnosis* . . The decision as to the nature of the patient's ailment.
- Diarrhæa* . . A state of the bowels in which the motions are frequent and loose.
- Digitus* . . . A finger or toe.
- Director* . . . A grooved instrument used as a guide.
- Dislocation*. . Displacement.
- Diuresis* . . . An increased flow of urine.
- Dorsum* . . . The back.
- Duodenum* . . The first part of the small intestine, which begins at the stomach.
- Dyspnœa* . . . Difficulty of breathing.
- Ecchymosis* . An effusion of blood under the skin.
- Eczema* . . . An eruption on the skin.
- Electuary* . . A medicine made up in the form of a confection.
- Emetic* . . . Any means used to produce vomiting.

- Enema* An injection thrown up into the rectum.
- Entozoon* . . Any animal living inside another.
- Epidemic* . . Any disease attacking a number of people at the same time, in the same locality.
- Epidermis* . . The outermost layer of the skin or cuticle.
- Epigastrium* . The region over the stomach.
- Epiglottis* . . The cartilage guarding the entrance to the windpipe.
- Epilepsy* . . . A disease marked by the occurrence of convulsive fits, due to some disease of the brain.
- Epiphysis* . . The separate centres at the ends of bones from which growth takes places.
- Epistaxis* . . Bleeding from the nose.
- Erysipelas* . . A constitutional disease, accompanied by fever and an inflamed and swollen state of the part affected.
- Erythema* . . Any circumscribed reddening of the skin.
- Eschar* . . . A slough or scab produced by the use of caustics.
- Ethmoid* . . . One of the bones of the skull which helps to form the nose.
- Excrement* . . Any refuse material excreted from the body.
- Exostosis* . . A bony tumour growing from bone.
- Expectorate* . To cough up from the chest.

- Fæces* The dregs, the refuse material expelled from the bowels by the anus.
- Fascia* The membrane which invests the muscles.
- Fauces* The jaws, the back part of the mouth.
- Femur* The thigh bone.
- Ferrum* Iron or steel.
- Fibula* The small bone on the outer side of the leg.
- Fistula* A little pipe: a name given to any unnatural passage by which an internal organ communicates with any other or with the external air.
- Flatulence* . . Wind in the stomach or bowels.
- Fœtus* An unborn child.
- Foramen* . . . A hole.
- Forceps* . . . An instrument for taking hold where the fingers are unsuitable or undesirable.
- Fotus* A fomentation.
- Formication* . A creeping sensation as if insects were crawling over the body.
- Ganglion* . . . A small swelling in the sheath of a tendon, or an enlargement in the course of a nerve.
- Gangrene* . . . Mortification or death of a part.
- Gastric* . . . Concerning or belonging to the stomach.
- Glottis* The opening into the windpipe.

Globus Hystericus, A feeling peculiar to hysterical people, as of a ball rising in the throat.

Gout A disease marked by occasional severe attacks of pain, with swelling of the smaller joints, especially those of the thumb and big toe.

Granulation . The process of healing by several centres with copious secretion of healthy pus.

Hæmatemesis, Vomiting of blood.

Hæmaturia . . Blood in the urine.

Hæmoptysis . Coughing of blood.

Hæmorrhage . Bleeding, a flow of blood.

Hæmorrhoid . A pile.

Haustus . . . A draught.

Hectic A feverish state of the system, attacking patients exhausted by an excessive discharge.

Hemiplegia . Paralysis of one side of the body.

Hepatic . . . Belonging to the liver.

Hernia A rupture.

Herpes A vesicular eruption on the skin.

Hirudines . . Leeches.

Humerus . . . The bone of the arm.

Hydatid . . . A tumour caused by the presence of a species of tape-worm.

Hydrocephalus, Water on the brain.

- Hydrocele* . . . A watery tumour in the scrotum.
- Hydrophobia* . Fear of water—a disease caused by the inoculation of the saliva of a mad dog.
- Hymen* A fold of membrane at the entrance of the vagina.
- Hypertrophy* . Overgrowth.
- Hypodermic injection*, Injection under the skin.
- Hypogastrium*, The part of the abdomen between the navel and the pubes.
- Hysteria* . . . A disease peculiar to females, generally due to some derangement of the uterine functions.
- Icterus* Jaundice.
- Ileum* A part of the small intestine.
- Ilium* The haunch bone.
- Inanition* . . . Wasting from want of food.
- Incubation* . . Hatching.
- Inguinal* . . . Belonging to the groin.
- Intestines* . . The contents of the abdomen—the long tube forming the digestive canal.
- Intussusception*, An accident by which one part of the gut slips into another, as the finger of a glove when pushed in at the end.
- Iris* The muscle of the eye which regulates the size of the pupil, and whose colour is taken as the colour of the eye.

Irrigate . . . To keep a part moist by causing water or some lotion to constantly drop on it.

Jaundice . . . A yellow discoloration of surface of body caused by disturbed state of liver.

K, see *C*.

Labium . . . A lip.

Lachrymal gland, The gland in which tears are formed.

Lachrymal duct, The tube through which the tears pass from the eye to the nose.

Larynx . . . The upper part of the windpipe.

Laryngitis . . Inflammation of the larynx.

Laryngoscope, An instrument for examining the interior of the larynx.

Lesion Any injury accompanied by loss of substance.

Lethargy . . Inactivity.

Ligament . . The structure which keeps bones in place.

Ligature . . . A string or cord for tying.

Linctus . . . A soothing cough medicine.

Lingual . . . Belonging to the tongue.

Liniment . . . Any remedy applied by rubbing.

Linum semina, Linseed meal.

Lithotomy . . The removal of a stone from the bladder by a cutting operation.

Lithotrity . . The operation of crushing a stone in the bladder.

Lumbago . . . Pain in the loins.

Lumbricus . . An earth worm.

Lumbricoid . . Like an earth worm.

Lungs The organs by means of which the blood is aërated.

Malleolus . . The ankle.

Mamma . . . The breast.

Maxilla . . . A jaw.

Menses The monthly discharge from the womb.

Menstrual . . Belonging to the above.

Mesenteric . . Belonging to the mesentery—the fold of peritoneum that keeps the bowels in place.

Metacarpus . . The bony floor of the palm of the hand.

Melæna . . . Black blood in the motions.

Meningitis . . Inflammation of the membranes of the brain.

Menorrhagia, Excessive menstruation.

Micturition . The act of making water.

Midwife . . . A woman who assists at the delivery of women in childbirth.

Mitral valves, Certain valves in the heart.

Nævus A congenital tumour caused by enlarged blood-vessels.

Narcotic . . . Producing sleep.

- Nares* The nostrils.
Nasal Belonging to the nose.
Necrosis . . . Death of any part of the body—usually
 applied to bones.
Nematoid . . . Like a thread.
Neuralgia . . . Pain in the course of a nerve.
Normal Natural, ordinary.
Nucha The nape of the neck.
Nucleus A central point.

Obesity Corpulence.
Obstetric . . . Relating to childbirth.
Occiput The back of the head.
Œdema Watery swelling.
Œsophagus . . . The gullet.
Olfactory . . . Relating to the organ of smell.
Omentum . . . The apron of fat in front of the intestines.
Onychia Whitlow.
Ophthalmic . . Concerning the eye.
Ophthalmoscope, An instrument for examining the eye.
Opisthotonos . . A bending backwards of the whole body,
 caused by a simultaneous muscular
 contraction.
Optic Concerning the sight.
Orthopædic surgery, The branch which treats distortions.
Orthopnœa . . . A state of the body in which the patient
 can only breathe when the body is
 upright.
Otorrhœa . . . A discharge from the ears.

- Otoscope* . . . An instrument for examining the ear.
- Ovariectomy* . Removal of the ovary by a cutting operation.
- Ovary* The organ in which the ovum is produced.
- Pancreas* . . The sweetbread.
- Panis* Bread.
- Paracentesis* . Tapping.
- Paralysis* . . Loss of power of motion or of sensation.
- Paraplegia* . . Paralysis of the lower half of the body.
- Parasite* . . . Any plant or animal living on the body of another.
- Parietal* . . . The bones forming the side walls of the skull.
- Parotid* . . . The large gland in front of and below the ear, in which saliva is formed.
- Paroxysm* . . A fit.
- Patella* . . . The knee-cap.
- Pathognomonic*, A term applied to a symptom which marks a disease.
- Pathology* . . The study of the nature of disease.
- Pectoral* . . . Belonging to the chest.
- Pedicle* . . . A stem.
- Pelvis* The lower part of the abdomen.
- Pericardium* . The bag enclosing the heart.
- Pericarditis* . Inflammation of the pericardium.
- Perinæum* . . The part of the body just in front of the anus.

- Periosteum* . The nourishing membrane surrounding the bones.
- Peristaltic* . . A term applied to the natural movements of the intestines.
- Peritoneum* . . The membrane which surrounds the bowels and keeps them in position.
- Peritonitis* . . Inflammation of the peritoneum.
- Phagedæna* . . Sloughing ulceration.
- Pharmacopœia*, A list of remedies and their mode of preparation.
- Pharynx* . . . The beginning of the gullet or food-passage.
- Phlebitis* . . . Inflammation of a vein.
- Phlebotomy* . . The act of bleeding by opening a vein.
- Phlegmon* . . A boil.
- Photophobia* . Intolerance of light.
- Phthisis* . . . Wasting, consumption.
- Physiognomy*, The expression of the features and face generally.
- Physiology* . . The study of the composition, &c., of living beings.
- Placenta* . . . The after-birth.
- Plethora* . . . Fulness; an excess of blood.
- Pleura* The bags which enclose the lungs.
- Pleurisy* . . . Inflammation of the pleura.
- Pleurodynia* . Pain in the side.
- Plexus* A network.
- Pneumonia* . . Inflammation of the lungs.

- Probang* . . . An instrument for removing obstructions in the throat.
- Probe* A small instrument, like a bodkin, for trying the depth or direction of a wound, &c.
- Prognosis* . . The opinion as to the result of an illness.
- Prolapsus* . . A slipping down.
- Psoas* A muscle going from the front of the spine to the thigh.
- Ptosis* A dropping of the upper eyelid.
- Pulmonary* . . Belonging to the lungs.
- Pulse* The rise and fall of the arteries with each beat of the heart.
- Purgative* . . Any remedy producing an action of the bowels.
- Purpura* . . . A disease marked by local effusions of blood under the skin.
- Purulent* . . . Containing pus.
- Pus* A yellow creamy fluid present in abscesses and on the surface of healthy granulating wounds.
- Pustule* . . . A small circumscribed collection of matter between the two layers of the skin.
- Pyæmia* . . . A disease in which the blood is poisoned.
- Pylorus* . . . The opening from the stomach into the intestines.
- Pyrosis* . . . An eructation of watery fluid into the mouth (*water-brash*).

Quartan ague, An ague in which the attack recurs every third day.

Quiescent . . . At rest.

Quinsy . . . A bad sore throat, marked by an enlargement of the tonsils and occasional formation of abscesses.

Rabies Madness.

Rachitis . . . Rickets.

Radius . . . The outer bone of the forearm to which the hand is specially attached.

Ranula . . . A small watery tumour under the tongue.

Rectum The lower part of the intestine.

Retina The expansion of the optic nerve at the back of the eyeball, which receives the impression of light.

Rheumatism, Acute, or Rheumatic Fever, A disease marked by pain, swelling of the larger joints, and profuse perspiration.

Ricini oleum, Castor oil.

Rickets A constitutional disease of children, in which the bones become distorted through being unable to bear the weight imposed upon them.

Rugæ Wrinkles.

Saccharine . . Containing sugar.

- Sacrum* . . . The large bone at the bottom of the spine, between the haunch bones.
- Salines* Cooling medicines, containing salts of the alkalies—as soda, potash, ammonia, magnesia.
- Saliva* The spittle.
- Sal volatile* . Compound spirits of ammonia.
- Scapula* . . . The shoulder-blade.
- Scalpel* A knife.
- Scarlatina* . . Scarlet fever.
- Sclerotic* . . . The outer protecting coat of the eye.
- Scrobiculus cordis*, The pit of the stomach.
- Scrofula* . . . A constitutional disease usually derived from parents.
- Scybala* . . . Small lumps of hardened fæces.
- Sebaceous* . . Like suet.
- Septum* A separation or division.
- Sequestrum* . A piece of dead bone.
- Serum* The watery part of the blood.
- Serous membrane*, A membrane which secretes or gives out serum.
- Sinapism* . . A mustard plaster.
- Spasm* A temporary contraction of a muscle.
- Spatula* . . . A blunt knife for spreading plasters or poultices, and also an instrument for keeping soft parts out of the way during an operation or examination.
- Specific gravity*, The measure of the density of a fluid in comparison with that of water.

- Speculum* . . . An instrument for facilitating the examination of cavities.
- Sphacelus* . . . Mortification or gangrene of soft parts.
- Sphincter* . . . A muscle for closing.
- Sphygmograph*, An instrument for taking traces of the pulse.
- Spiculum* . . . A splinter or small point of bone.
- Sprain* A wrenching of the ligaments of a joint.
- Sternum* . . . The breast bone.
- Stethoscope* . An instrument for listening to the sounds of the heart and lungs.
- Stricture* . . . A contraction or narrowing of a passage.
- Struma* . . . See *Scrofula*.
- Stupe* A fomentation.
- Styptic* Anything useful for stopping bleeding.
- Subcutaneous*, Under the skin.
- Sudamina* . . . An eruption of vesicles following profuse perspiration.
- Suture* A stitch. Also applied to the interlocking of the bones of the head.
- Synovia* . . . The fluid poured out in the interior of a joint.
- Syncope* . . . Faintness.
- Tabes* Wasting.
- Talipes* . . . Club foot.
- Tarsus* The bones which form the heel and back part of the foot.
- Taxis* Handling or manipulation.

- Tenaculum* . . A small hook for passing under arteries previous to securing them.
- Tendon* . . . The fibrous continuation of muscles.
- Tenotomy* . . The operation of dividing tendons.
- Tetanus* . . . A disease marked by spasmodic contractions of the muscles, usually affecting first those of the neck and throat.
- Theca* A sheath.
- Thermometer*. An instrument for ascertaining the temperature.
- Thorax* . . . The chest.
- Thyroid cartilage*, The prominent knob in the upper part of the throat, called commonly, Adam's apple.
- Thyroid gland*, A gland in the front of the neck, frequently enlarged in young women.
- Tibia* The shin-bone.
- Trachea* . . . The windpipe.
- Tracheotomy*. The operation of making an artificial opening into the windpipe.
- Transfusion* . The injection of blood from the veins of one person into those of another.
- Trephine* . . . A small saw for removing a circular portion of bone.
- Trismus* . . . Lockjaw.
- Trocar* . . . A stiletto used for tapping.
- Tubercle* . . . A small projection.
- Tumour* . . . A swelling.

Ulna The bone on the inner side of the forearm.

Umbilicus . . The navel.

Urethra . . . The passage through which the urine escapes from the bladder.

Urticaria . . Nettle-rash.

Uterus The womb.

Uvula The small body which hangs down at the back of the mouth.

Vagina . . . The canal leading to the womb.

Varicose veins, Enlarged veins.

Varicella . . Chicken-pox.

Variola . . . Small-pox.

Vertebræ . . The bones composing the spine.

Vertigo . . . Giddiness.

Vesicle. . . . A small bladder or elevation of the cuticle containing watery fluid.

Vessel A tube for conveying fluid, veins, &c.

Viscus, sing., *Viscera*, plural. The entrails.

A Manual of Domestic Medicine for India. By
WILLIAM J. MOORE, M.D., Bombay Medical Service. Issued by
authority of the Government of India. 536 pp. Post 8vo, 8s. 6d.

A Medical Handbook ; comprehending such Information on Medical and Sanitary Subjects as is desirable in Educated Persons. By FREDERICK W. HEADLAND, M.D., Late Senior Physician to Charing Cross Hospital. Second Thousand. 348 pp. Fcap. 8vo, 5s.

A Compendium of Domestic Medicine, and Companion to the Medicine Chest ; intended as a Source of Easy Reference for Clergymen, and for Families residing at a distance from Professional Assistance. By JOHN SAVORY, Member of the Society of Apothecaries. Eighth Edition. 436 pp. 12mo, 5s.

Essays on the Diseases of Children. By WILLIAM
H. DAY, M.D., Physician to the Samaritan Free Hospital for
Women and Children. 191 pp. Fcap. 8vo, 5s.

A Practical Manual of the Diseases of Children.
With a Formulary. By EDWARD ELLIS, M.D., Physician to the
Victoria Hospital for Sick Children. Second Edition. 335 pp.
Crown 8vo, 7s.

On the Wasting Diseases of Children. By
EUSTACE SMITH, M.D., Physician to the East London Hospital
for Children. Second Edition. 309 pp. Post 8vo, 7s. 6d.

Handbook for Nurses for the Sick. By Miss
VETCH, late Head Surgical Sister of King's College Hospital.
56 pp. Crown 8vo, 2s. 6d.

J. & A. CHURCHILL, NEW BURLINGTON STREET.

The Change of Life in Health and Disease : a

Practical Treatise on the Nervous and other Affections incidental to Women at the Decline of Life. By EDWARD J. TILT, M.D., Consulting Physician Accoucheur to the Farringdon General Dispensary. Third Edition. 296 pp. 8vo, 10s. 6d.

Surgical Emergencies ; together with the Emer-

gencies attendant on Parturition and the Treatment of Poisoning ; a Manual for the Use of General Practitioners. By WILLIAM P. SWAIN, F.R.C.S., Surgeon to the Royal Albert Hospital, Devonport. With 82 Engravings. 220 pp. Fcap. 8vo, 6s.

The Medical Remembrancer ; or, Book of Emer-

gencies. By E. SHAW, M.R.C.S. Fifth Edition. Edited, with Additions, by JONATHAN HUTCHINSON, F.R.C.S. 120 pp. 32mo, 2s. 6d.

The Anatomical Remembrancer ; or, Complete

Pocket Anatomist. Seventh Edition. 269 pp. 32mo, 3s. 6d.

A Toxicological Chart, exhibiting at one view the

Symptoms, Treatment, and Mode of Detecting the various Poisons, Mineral, Vegetable, and Animal. To which are added concise Directions for the Treatment of Suspended Animation. By WILLIAM STOWE, M.R.C.S. Thirteenth Edition, revised. On Sheet, 2s. ; mounted on Roller, 5s.

A Medical Vocabulary ; or, an Explanation of all

Names, Synonymes, Terms, and Phrases used in Medicine and the relative branches of Medical Science. By ROBERT G. MAYNE, M.D. Fourth Edition. 449 pp. Fcap. 8vo, 8s. 6d.

Medical Lexicon ; a Dictionary of Medical Science,

containing a concise explanation of its various Subjects and Terms, with Accentuation, Etymology, Synonymes, &c. By ROBLEY DUNGLISON, M.D. New Edition, thoroughly revised by RICHARD J. DUNGLISON, M.D. 1131 pp. Royal 8vo, 28s.

A Manual of Dental Surgery. By JOHN TOMES,

M.R.C.S., Surgeon-Dentist to Middlesex Hospital, and CHARLES S. TOMES, M.R.C.S., Assistant Surgeon to the Dental Hospital of London. Second Edition. With 262 Engravings. 748 pp. Fcap. 8vo, 14s.

J. & A. CHURCHILL, NEW BURLINGTON STREET.

Principles of Human Physiology. By WILLIAM

B. CARPENTER, M.D., Registrar to the University of London.
With nearly 300 Illustrations. Seventh Edition. Edited by Mr.
HENRY POWER. 1032 pp. 8vo, 28s.

The Practice of Surgery; a Manual. By THOMAS

BRYANT, F.R.C.S., Surgeon to Guy's Hospital. With 507 Engravings (more than 400 being original). 1088 pp. Crown 8vo, 21s.

On Diseases and Injuries of the Ear. By

WILLIAM B. DALEY, F.R.C.S., Aural Surgeon to St. George's Hospital. With Engravings, 221 pp. Fcap. 8vo, 6s. 6d.

A Manual of Minor Surgery and Bandaging, for

the use of House-Surgeons, Dressers, and Junior Practitioners.
By CHRISTOPHER HEATH, F.R.C.S., Surgeon to University College Hospital. Fourth Edition. With 74 Engravings. 273 pp. Fcap. 8vo, 5s. 6d.

Notes for Students in Chemistry; being a

Syllabus compiled from the Manuals of Miller, Fownes, Berzelius, Gerhardt, Gorup-Besanez, &c. By ALBERT J. BERNAYS, Ph.D., Lecturer on Chemistry at St. Thomas's Hospital. Fifth Edition, 122 pp. Fcap. 8vo, 3s. 6d.

A Manual of Medical Diagnosis. By A. WHYTE

BABOLAY, M.D., Physician to St. George's Hospital. Third Edition. 669 pp. Fcap. 8vo, 10s. 6d.

Winter and Spring on the Shores of the Medi-

terranean; or, the Genoese Riviera, Italy, Spain, Greece, Constantinople, Corsica, Sardinia, Sicily, Corfu, Malta, Tunis, Algeria, with Biarritz and Arcachon. By HENRY BENNET, M.D., late Physician-Accoucheur to the Royal Free Hospital. Fifth Edition, with numerous Plates, Maps, and Engravings. Post 8vo, 12s. 6d.

J. & A. CHURCHILL, NEW BURLINGTON STREET.

- 2 -

A Clinical History of the Medical and Surgical Diseases of Women. By ROBERT BARNES, M.D., Obstetric Physician to St. Thomas's Hospital. With 169 Engravings. 916 pp. 8vo, 28s.

By the same Author.

Lectures on Obstetric Operations, including the Treatment of Hæmorrhage, and forming a Guide to the Management of Difficult Labour. Second Edition, with 113 Engravings, 508 pp. 8vo, 15s.

Lectures on the Diseases of Women. By CHARLES WEST, M.D., late Physician-Accoucheur to St. Bartholomew's and Middlesex Hospitals. Third Edition, 687 pp. 8vo, 16s.

A Manual of Midwifery ; including the Pathology of Pregnancy and the Puerperal State. By KARL SCHROEDER, M.D., Professor of Midwifery in the University of Erlangen. Translated by CHARLES H. CARTER, M.D. With Engravings. 388 pp. 8vo, 12s. 6d.

Obstetric Aphorisms for the use of Students commencing Midwifery Practice. By JOSEPH G. SWAYNE, M.D., Physician-Accoucheur to the Bristol General Hospital. Fifth Edition, with Engravings. 143 pp. Fcap. 8vo, 3s. 6d.

The Principles and Practice of Obstetric Medicine and Surgery. By FRANCIS H. RAMSBOTHAM, M.D., formerly Obstetric Physician to the London Hospital. Fifth Edition. Illustrated with 120 Plates ; forming one thick handsome volume. 752 pp. 8vo, 22s.

Clinical Lectures on Puerperal Diseases. By FORDYCE BARKER, M.D., Obstetric Physician to Belle Vue Hospital, New York. 526 pp. 8vo, 16s.

The Complete Handbook of Obstetric Surgery ; or, Short Rules of Practice in every Emergency, from the Simplest to the most Formidable Operations connected with the Science of Obstetrics. By CHARLES CLAY, M.D., late Senior Surgeon and Lecturer on Midwifery, St. Mary's Hospital, Manchester. Third Edition. With 91 Engravings. 340 pp. Fcap. 8vo, 6s. 6d.

J. & A. CHURCHILL, NEW BURLINGTON STREET.

MR. PYE H. CHAVASSÉ'S WORKS.

I.

ADVICE TO A MOTHER ON THE MANAGEMENT OF HER CHILDREN. Eleventh Edition, 324 pp. Fcap. 8vo, 2s. 6d.

II.

COUNSEL TO A MOTHER ON THE CARE AND REARING OF HER CHILDREN; being the Companion Volume of "Advice to a Mother." Third Edition, 256 pp. Fcap. 8vo, 2s. 6d.

III.

ADVICE TO A WIFE ON THE MANAGEMENT OF HER OWN HEALTH. With an Introductory Chapter, especially addressed to a Young Wife. Tenth Edition, 253 pp. Fcap. 8vo, 2s. 6d.

IV.

APHORISMS ON THE MENTAL CULTURE AND TRAINING OF A CHILD, and on various other subjects relating to Health and Happiness. 264 pp. Fcap. 8vo, 2s. 6d.

MR. HENRY BEASLEY'S WORKS.

I.

THE BOOK OF PRESCRIPTIONS: containing 3000 Prescriptions. Collected from the Practice of the most eminent Physicians and Surgeons, English and Foreign. Fourth Edition, 560 pp. 18mo, 6s.

II.

THE DRUGGIST'S GENERAL RECEIPT-BOOK: comprising a copious Veterinary Formulary and Table of Veterinary Materia Medica; Patent and Proprietary Medicines, Druggists' Nostrums, &c.; Perfumery, Skin, Hair, and Teeth Cosmetics; Beverages, Dietetic Articles, and Condiments; Trade Chemicals, Miscellaneous Preparations and Compounds used in the Arts, &c. Seventh Edition, 504 pp. 18mo, 6s.

III.

THE POCKET FORMULARY AND SYNOPSIS OF THE BRITISH AND FOREIGN PHARMACOPŒIAS; comprising standard and approved Formulæ for the Preparations and Compounds employed in Medical Practice. Ninth Edition, 547 pp. 18mo, 6s.

J. & A. CHURCHILL, NEW BURLINGTON STREET.

THE STUDENT'S GUIDE SERIES.

Under this Title it is intended to issue a New Series of Medical Text-books, moderate in size and price.

NOW READY.

THE STUDENT'S GUIDE TO MEDICAL DIAGNOSIS. By SAMUEL FENWICK, M.D., F.R.C.P., Assistant-Physician to the London Hospital. Third Edition, Fcap. 8vo, with 87 Engravings, 6s. 6d.

THE STUDENT'S GUIDE TO SURGICAL ANATOMY. By E. BELLAMY, F.R.C.S., Senior Assistant-Surgeon and Lecturer on Anatomy at Charing Cross Hospital. Fcap. 8vo, with 50 Engravings, 6s. 6d.

THE STUDENT'S GUIDE TO MATERIA MEDICA. By JOHN C. THOROWGOOD, M.D. Lond., F.R.C.P., Lecturer on Materia Medica at the Middlesex Hospital. Fcap. 8vo, with Engravings, 6s. 6d.

THE STUDENT'S GUIDE TO ZOOLOGY. By ANDREW WILSON, Lecturer on Zoology, Edinburgh. Fcap. 8vo, with 29 Engravings, 6s. 6d.

IN PREPARATION.

THE STUDENT'S GUIDE TO THE PRACTICE OF MIDWIFERY. By D. LLOYD ROBERTS, M.D., Vice-President of the Obstetrical Society of London, Physician to St. Mary's Hospital, Manchester. Fcap. 8vo, with Engravings.

THE STUDENT'S GUIDE TO THE DISEASES OF THE EYE. By HENRY POWER, F.R.C.S., M.B. Lond., Senior Ophthalmic Surgeon to St. Bartholomew's Hospital. Fcap. 8vo, with Engravings.

THE STUDENT'S GUIDE TO HUMAN OSTEOLOGY. By WILLIAM WARWICK WAGSTAFFE, F.R.C.S., Assistant-Surgeon and Lecturer on Anatomy at St. Thomas's Hospital. Fcap. 8vo, with Plates.

THE STUDENT'S GUIDE TO PRACTICAL HISTOLOGY, HISTO-CHEMISTRY, AND EMBRYOLOGY. By H. A. REEVES, F.R.C.S. Edin., Assistant-Surgeon to, and Demonstrator of Anatomy at, the London Hospital. Fcap. 8vo, with Engravings.

Other Works in continuation of this Series will shortly be announced.

J. & A. CHURCHILL, NEW BURLINGTON STREET.

170

